

**Dutchess County Office for the Aging**  
**Needs Assessment**



**Comprehensive Report**

**2015**

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## **I. History/Background**

In setting priorities and making funding decisions, the Dutchess County Office for the Aging considers a number of factors. These include: service utilization, satisfaction and outcomes; funding availability and requirements; needs of the older population and their caregivers. It is a federal and state requirement that emphasis be placed on those in certain target groups including those with greatest economic or social need.

The Dutchess County Office for the Aging, as part of its planning process, and as a result of its role as the Area Agency on Aging in Dutchess County, conducts a Needs Assessment in conjunction with the development and submission of its Four Year Plan. In Dutchess County, the Needs Assessment process is initiated the year before the Four Year Plan is due in order to allow for time to gather data, analyze results and apply findings to the Four Year Plan.

The senior population is truly growing in Dutchess County. Some facts to consider from the 2010 United States Census:

- In the 2000 United States Census there were 44,660 residents of Dutchess County over age 60, making up 15.95% of the total county population;
- In the 2010 United States Census there were 57,062 residents of Dutchess County over age 60, making up 19.18% of the total county population;
- Dutchess County's total population grew 6.55% between 2000 and 2010, but the age 60 and over population grew by 27.77%; and
- Not only has the growth in the senior population far outpaced the growth in the overall Dutchess County population, but the growth of the older senior population has been remarkable as well. The age 75 and over population grew 22.82%, and the age 85 and over population grew 36.44% between 2000 and 2010.

With the aging of the Baby-Boom cohort, these numbers continue to grow significantly.

The "County Data Book: Selected Characteristics (2015)" has been prepared by the New York State Office for the Aging in order to provide frequently requested information about selected demographic characteristics, including projections to the year 2040. The County Data Book provides state-level information and county-specific information for each county in New York. These data have been compiled from: (1) selected U.S. Census 2000 files; (2) the American Community Survey 2005-2009 five-year summary; and (3) Woods and Poole Economics, Inc. 2015 State Profile. The following represents some of the highlights:

While the estimated Dutchess County population grew 1.3% between 2010 and 2014, the older adult population (those age 60+) is estimated to have grown ten times that amount, by 11.6% in those four years. At the same time, the young adult population in Dutchess County (ages 18-44 years) actually shrunk between 2010 and 2014.

Projections for the future are even greater. According to the same statistics and data sourced, the growth in the older adult population in Dutchess County between 2014 and 2040 will be 42%, compared to the younger adult growth of just 5%. By 2040 older adults are expected to make up 27% of the Dutchess County population. Further, growth among older seniors will be even more striking with the age 75+ population projected to grow 107% between 2014 and 2040.

## **II. The Needs Assessment Process: Methodology and Data Sources**

### **A. Description of Methodology**

A multifaceted approach to the Needs Assessment was once again employed. The 2015 Needs Assessment included several different data gathering methods used to reasonably quantify unmet need. These methods included conducting and analyzing surveys specifically designed for the Needs Assessment as well as review of other literature and available data.

The rationale utilized in selecting this approach was to develop a needs assessment that relied largely on input from a wide array of senior citizen residents of Dutchess County but also included input from key informants and caregivers. Other secondary sources were identified that would allow for additional input. This methodology and rationale allowed for compliance with the state and federal regulations, particularly Section 6653.4 of Title 9 of the New York Code of Rules and Regulations which requires that Area Plans include a needs assessment “based on surveys or interviews conducted by the area agency, records of the area agency, current secondary data from other agencies, public comments at advisory committee meetings.” Using the aforementioned regulations as a basis, and from the various sources of data available and research that could reasonably be conducted by the agency, the data sources outlined below were selected to be included in the Needs Assessment and to reasonably quantify unmet need.

This methodology and rationale were used to yield:

- An assessment of the conditions of elderly people that may limit their ability to remain in or return to their homes and to participate in family and community life;
- Quantification of the extent of the needs of elderly people in Dutchess County for supportive services, nutrition services, legal services, senior centers;
- Identification of the unique needs, if any, of specific target groups such as minority groups, the over age 75 population and low income elderly.

### **B. Description of Data Sources and Collection**

#### **1. Senior Survey**

A survey was conducted of Dutchess County senior citizens. With 1528 completed surveys, nearly 3% of Dutchess County’s population of 57,062 ages 60+ (2010 Census) took part. The survey was distributed at Office for the Aging senior picnics held throughout the county, in the *Spotlight on Seniors* Office for the Aging Quarterly Newsletter, to residents

of senior housing, and to frail, homebound clients of the Office for the Aging, by members of the Office for the Aging Advisory Board, especially among target groups. The survey was also publicized through local news media and made available to complete online. It should be noted that in the online version, respondents were required to provide an e-mail address in order to avoid the potential problem of multiple survey responses.

The Dutchess County Office for the Aging lacks the resources to hire research firms or consultants to perform highly scientific research. While the survey sample was not a random sample, a form of quota sampling was utilized in order to insure certain target groups were represented in at levels approximating the same proportion they are represented in the overall senior population in the county. Testing for geographic location, income status, and minority status was done on the returned surveys to insure these demographic characteristics were reasonably represented in the survey sample.

Since a primary goal was to have a large number of completed surveys, the survey was designed to be easily understood and completed in a few minutes, thereby increasing the likelihood of being completed and increasing the number of responses. In the survey, respondents were asked whether certain issues were problems to them. They were also asked some basic demographic questions.

## **2. Key Informant Survey**

A survey was conducted of “key informants.” The key informant survey was distributed to approximately 150 individuals in the human service and aging network. These included housing managers, Office for the Aging Advisory Board and Long Term Care Council members, Senior Center Directors, the Office for the Aging Nutrition Program staff, Case Assistance, Case Management and Public Health Nursing staff, Office for the Aging subcontractors, etc.

In the survey, respondents were asked to choose, from the same list provided in the Senior Survey, the top five unmet needs/problems faced by the senior population based on their knowledge and experience. Of the roughly 150 surveys distributed, 92 completed surveys were returned.

## **3. Caregiver Survey**

A Caregiver Survey was mailed to about 60 caregivers. These included caregivers receiving respite and other services through the Office for the Aging as well as caregivers attending the annual Dutchess County Caregiver Conference, a collaboration of a number of aging network partners. Of the surveys distributed, 32 completed surveys were returned.

The Caregiver Survey sought to assess which caregiver services were needed and received and which were needed but not received. Additionally, the survey included questions about the perceived benefits caregivers derived as a result of the services they received.

## **4. Dutchess NY Connects Intakes**

Administered by the Office for the Aging, Dutchess NY Connects is Dutchess County’s single

point of entry for long-term care. Dutchess NY Connects receives calls from seniors, caregivers and providers who wish to obtain information or assistance regarding a wide variety of services. Dutchess NY Connects logs each of these calls to produce Information and Assistance Aggregate Data Reports every three months. The data presented in the Needs Assessment reflects the nature of these calls, or intakes, over a yearlong period in order to shed additional light on the service and information needs of those accessing the single point of entry.

## **5. Public Hearings**

The Office for the Aging Advisory Board conducts annual public hearings at locations around the county, using different locations each year.

In 2015, two public hearings were held to give an opportunity for seniors and the public at large, to provide input to the Office for the Aging and its Advisory Board on senior needs and services. The locations were the Village of Rhinebeck in northwestern Dutchess (rural/suburban) and Town of East Fishkill in southern Dutchess (mostly suburban).

In 2014, two public hearings were held. These hearings were in the Town of Poughkeepsie (most populous, urban/suburban area) and the Village of Millerton (rural area).

In 2013, two public hearings were held: one in the Town of Pawling at a rural senior center and one in the City of Poughkeepsie at a low income senior citizen housing facility.

For all public hearings the sessions were publicized at events leading up to the hearings, in the local media and other forms of outreach.

## **6. Dutchess County Community Health Survey**

The Dutchess County ICA (Integrated County Assessment) Community Health Survey is a project undertaken roughly every four years by the Dutchess County Department of Health (DCDOH). The 2012 project was also supported financially by the Health Quest, St. Francis Hospital and the Foundation for Community Health. DCDOH includes a number of other partners in the project as members of the ICA Workgroup, including the Office for the Aging. The survey report presents findings related to community health and safety as well as access to healthcare and other services.

## **7. Foundation for Community Health's Community Health Needs Assessment**

The Foundation for Community Health (FCH) is a Sharon, Connecticut entity focused on health related needs of the primarily rural population in six northeastern Dutchess County communities as well as two adjacent municipalities in Columbia County and nine in Litchfield County, Connecticut.

The assessment was prepared by Karen Horsch Consulting in October 2014. It was based on various secondary data (i.e. census data, community based agency data), a community stakeholder survey sent to 450 stakeholders (with a 43% response rate), and ten focus groups representing various populations.



Two of the focus groups involved residents who are seniors.

## **8. Outcomes and Client Satisfaction Data**

Historically, the Office for the Aging has conducted Outcomes and Client Satisfaction research for both its directly provided and subcontracted services as part of its ongoing agency operations. Data from several major services provided in 2014 are included in the Needs Assessment as it provides an indicator as to the effectiveness of particular services in meeting needs. The data is also useful in determining whether existing programs meet identified senior and caregiver needs. One limitation of this data is it focuses upon those already being served and does not include non-clients.

## **C. Advisory Board Role in Process**

The Dutchess County Office for the Aging Advisory Board plays an important role in the Needs Assessment Process.

- The Advisory Board sets the annual public hearings;
- Advisory Board members chair the public hearings;
- Advisory Board members are presented with the senior survey instrument prior to distribution;
- The Advisory Board assists in distribution of needs assessment surveys
- Advisory Board members are included among the “key informants” surveyed;
- The Advisory Board is presented with the findings of the Needs Assessment and is afforded the opportunity to provide comment on findings.

## **D. Inclusion of Target Populations**

Action is taken to ensure inclusion of target populations in the Needs Assessment Process. A number of strategies are employed:

- The Office for the Aging works with service providers, such as senior housing locations, to distribute surveys in order to reach target groups;
- Surveys are included in the Division’s quarterly newsletter, *Spotlight on Seniors*;
- Service providers to target groups are included among the key informants surveyed.
- Advisory Board members assist in reaching target populations;
- Target populations are represented at the events where surveys are distributed and collected.

Once surveys have been distributed, the tabulation includes steps to affirm that target groups have been included. An analysis is conducted of the demographic breakdown of survey responses in order to determine the level to which target populations are actually included in the process. The percentage of the various target groups among survey respondents is compared to their actual representation in the senior population.

### III. Data Presentation

#### A. Senior Survey Results

There were 1528 responses to the Senior Survey. The results show the problem cited most frequently is “Affording energy and utilities” with 29% of seniors saying this is a problem for them. Other problem areas in the top 5 included: “Keeping up with medical costs” at 29%, “Understanding health insurance/Medicare” at 26%, “Knowing where to obtain information about services and benefits” at 26%, and “Household chores and maintenance” at 25%.

Among the target groups the results were slightly different, but not remarkably so. For instance, “Household chores and maintenance” was a greater concern for the over 75 population than the 60+ population., and “Insufficient money for food, shelter and clothes” was a greater concern for low income seniors than the total 60+ population.

Appendix A includes 2011 and 2007 overall results for comparison purposes.

The tables below detail the findings of the completed surveys.

- Table 1 ranks the issues according to all senior respondents ranking them as being a problem for them individually.
- Table 2 ranks the issues for seniors age 75 and over.
- Table 3 ranks the issues for low income seniors. For purposes of the survey low income was defined as at or below 150% of the 2014 poverty level:
- Table 4 ranks the issues for minority seniors.
- Tables 5a – 5ii provide separate breakouts for each zip code. **It should be noted that results by zip code should be used with caution given that for some zip codes the total number of responses is very small. In these cases, single zip code data should not be used to establish need; however, adjoining zip codes may combined to provide more reliable and useful data.** Not all survey respondents answered the zip code question, so the total of surveys in the zip code breakouts does not equal the total number of completed surveys.

**Table 1. PROBLEMS - All Seniors**

	<b>Everyone</b>	<b>#</b>	<b>%</b>
<b>RANK</b>	<b>Total Surveys: 1528</b>	<b>Reporting as a Problem</b>	<b>Reporting as a Problem</b>
3	Understanding health insurance/Medicare	396	26%
2	Keeping up with medical costs	441	29%
8	Insufficient money for food, shelter, clothes	286	19%
1	Affording energy and utilities	444	29%
9	Managing household budgeting/bill paying	239	16%
5	Household chores and maintenance	378	25%
10	Feeling afraid/unsafe at home because you may fall or get injured	209	14%
13	Feeling afraid or unsafe at home because of possible crime	187	12%
12	Legal Affairs	199	13%
11	Loneliness, isolation, or depression	202	13%
7	Disability or Impaired Mobility	308	20%
6	Transportation - including for medical. Shopping, recreation, ect.	353	23%
4	Knowing where to obtain information about services and benefits	394	26%
14	Taking care of another adult	147	10%
17	Taking care of a grandchild	76	5%
16	Taking care of personal needs such as meals, bathing, dressing	106	7%
15	Conflicts with others such as family, neighbors, creditors	121	8%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	930	61%
	Self reported overall health is Fair	477	31%
	Self reported overall health is Poor	46	3%
	Age 75+	741	48%
	Minority	74	5%
	Low Income	552	36%

**Table 2. PROBLEMS – Seniors Age 75+**

RANK	Age 75 + Total Surveys: 742	# Reporting as a Problem	% Reporting as a Problem
5	Understanding health insurance/Medicare	149	20%
3	Keeping up with medical costs	173	23%
9	Insufficient money for food, shelter, clothes	105	14%
2	Affording energy and utilities	180	24%
10	Managing household budgeting/bill paying	86	12%
1	Household chores and maintenance	189	25%
8	Feeling afraid/unsafe at home because you may fall or get injured	113	15%
10	Feeling afraid or unsafe at home because of possible crime	86	12%
12	Legal Affairs	85	11%
13	Loneliness, isolation, or depression	81	11%
6	Disability or Impaired Mobility	142	19%
7	Transportation - including for medical. Shopping, recreation, ect.	114	15%
4	Knowing where to obtain information about services and benefits	170	23%
14	Taking care of another adult	62	8%
17	Taking care of a grandchild	33	4%
15	Taking care of personal needs such as meals, bathing, dressing	39	5%
16	Conflicts with others such as family, neighbors, creditors	36	5%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	464	63%
	Self reported overall health is Fair	252	34%
	Self reported overall health is Poor	46	6%
	Age 75+	742	100%
	Minority	25	3%
	Low Income	267	36%

**Table 3. PROBLEMS – Low Income Seniors**

RANK	Low Income Total Surveys: 552	# Reporting as a Problem	% Reporting as a Problem
5	Understanding health insurance/Medicare	171	31%
2	Keeping up with medical costs	225	41%
3	Insufficient money for food, shelter, clothes	209	38%
1	Affording energy and utilities	246	45%
8	Managing household budgeting/bill paying	145	26%
6	Household chores and maintenance	167	30%
10	Feeling afraid/unsafe at home because you may fall or get injured	103	19%
13	Feeling afraid or unsafe at home because of possible crime	90	16%
12	Legal Affairs	96	17%
10	Loneliness, isolation, or depression	103	19%
7	Disability or Impaired Mobility	165	30%
9	Transportation - including for medical. Shopping, recreation, ect.	130	24%
4	Knowing where to obtain information about services and benefits	188	34%
16	Taking care of another adult	58	11%
17	Taking care of a grandchild	43	8%
15	Taking care of personal needs such as meals, bathing, dressing	70	13%
14	Conflicts with others such as family, neighbors, creditors	75	14%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	266	48%
	Self reported overall health is Fair	236	43%
	Self reported overall health is Poor	30	5%
	Age 75+	264	48%
	Minority	40	7%
	Low Income	540	98%

**Table 4. PROBLEMS – Minority Seniors**

RANK	Minority Total Surveys: 73	# Reporting as a Problem	% Reporting as a Problem
1	Understanding health insurance/Medicare	27	37%
2	Keeping up with medical costs	26	36%
5	Insufficient money for food, shelter, clothes	21	29%
3	Affording energy and utilities	24	33%
8	Managing household budgeting/bill paying	16	22%
9	Household chores and maintenance	15	21%
12	Feeling afraid/unsafe at home because you may fall or get injured	12	16%
13	Feeling afraid or unsafe at home because of possible crime	10	14%
9	Legal Affairs	15	21%
11	Loneliness, isolation, or depression	13	18%
6	Disability or Impaired Mobility	20	27%
7	Transportation - including for medical. Shopping, recreation, ect.	17	23%
3	Knowing where to obtain information about services and benefits	24	33%
16	Taking care of another adult	6	8%
16	Taking care of a grandchild	6	8%
15	Taking care of personal needs such as meals, bathing, dressing	9	12%
13	Conflicts with others such as family, neighbors, creditors	10	14%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	32	44%
	Self reported overall health is Fair	36	49%
	Self reported overall health is Poor	2	3%
	Age 75+	24	33%
	Minority	73	100%
	Low Income	40	55%

Tables 5a-5ii.

Results by Zip Code

Table 5a

RANK	<b>Zip Code:</b> <b>12501</b> <b>Amenia</b> <b>Total Surveys: 2</b>	# Reporting as a Problem	% Reporting as a Problem
	Understanding health insurance/Medicare	0	0%
2	Keeping up with medical costs	1	50%
2	Insufficient money for food, shelter, clothes	1	50%
2	Affording energy and utilities	1	50%
2	Managing household budgeting/bill paying	1	50%
1	Household chores and maintenance	2	100%
2	Feeling afraid/unsafe at home because you may fall or get injured	1	50%
	Feeling afraid or unsafe at home because of possible crime	0	0%
	Legal Affairs	0	0%
	Loneliness, isolation, or depression	0	0%
2	Disability or Impaired Mobility	1	50%
	Transportation - including for medical. Shopping, recreation, ect.	0	0%
	Knowing where to obtain information about services and benefits	0	0%
	Taking care of another adult	0	0%
	Taking care of a grandchild	0	0%
	Taking care of personal needs such as meals, bathing, dressing	0	0%
	Conflicts with others such as family, neighbors, creditors	0	0%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	2	100%
	Self reported overall health is Fair	0	0%
	Self reported overall health is Poor	0	0%
	Age 75+	1	50%
	Minority	0	0%
	Low Income	1	50%

**Table 5b**

RANK	<b>Zip Code:</b> <b>12506</b> <b>Bangall</b> <b>Total Surveys: 1</b>	# Reporting as a Problem	% Reporting as a Problem
1	Understanding health insurance/Medicare	1	100%
1	Keeping up with medical costs	1	100%
	Insufficient money for food, shelter, clothes	0	0%
1	Affording energy and utilities	1	100%
1	Managing household budgeting/bill paying	1	100%
1	Household chores and maintenance	1	100%
	Feeling afraid/unsafe at home because you may fall or get injured	0	0%
	Feeling afraid or unsafe at home because of possible crime	0	0%
	Legal Affairs	0	0%
	Loneliness, isolation, or depression	0	0%
	Disability or Impaired Mobility	0	0%
	Transportation - including for medical. Shopping, recreation, ect.	0	0%
1	Knowing where to obtain information about services and benefits	1	100%
	Taking care of another adult	0	0%
	Taking care of a grandchild	0	0%
	Taking care of personal needs such as meals, bathing, dressing	0	0%
	Conflicts with others such as family, neighbors, creditors	0	0%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	1	100%
	Self reported overall health is Fair	0	0%
	Self reported overall health is Poor	0	0%
	Age 75+	0	0%
	Minority	0	0%
	Low Income	0	0%



**Table 5c**

RANK	<b>Zip Code:</b> <b>12507</b> <b>Barrytown</b> <b>Total Surveys: 1</b>	# Reporting as a Problem	% Reporting as a Problem
	Understanding health insurance/Medicare	0	0%
	Keeping up with medical costs	0	0%
	Insufficient money for food, shelter, clothes	0	0%
	Affording energy and utilities	0	0%
	Managing household budgeting/bill paying	0	0%
	Household chores and maintenance	0	0%
	Feeling afraid/unsafe at home because you may fall or get injured	0	0%
	Feeling afraid or unsafe at home because of possible crime	0	0%
	Legal Affairs	0	0%
	Loneliness, isolation, or depression	0	0%
	Disability or Impaired Mobility	0	0%
	Transportation - including for medical. Shopping, recreation, ect.	0	0%
	Knowing where to obtain information about services and benefits	0	0%
	Taking care of another adult	0	0%
	Taking care of a grandchild	0	0%
	Taking care of personal needs such as meals, bathing, dressing	0	0%
	Conflicts with others such as family, neighbors, creditors	0	0%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	0	0%
	Self reported overall health is Fair	1	100%
	Self reported overall health is Poor	0	0%
	Age 75+	0	0%
	Minority	0	0%
	Low Income	0	0%

**Table 5d**

RANK	<b>Zip Code:</b> <b>12508</b> <b>Beacon</b> <b>Total Surveys: 109</b>	# Reporting as a Problem	% Reporting as a Problem
7	Understanding health insurance/Medicare	24	22%
2	Keeping up with medical costs	34	31%
6	Insufficient money for food, shelter, clothes	27	25%
2	Affording energy and utilities	34	31%
11	Managing household budgeting/bill paying	16	15%
1	Household chores and maintenance	36	33%
14	Feeling afraid/unsafe at home because you may fall or get injured	12	11%
13	Feeling afraid or unsafe at home because of possible crime	15	14%
10	Legal Affairs	17	16%
9	Loneliness, isolation, or depression	19	17%
5	Disability or Impaired Mobility	30	28%
7	Transportation - including for medical. Shopping, recreation, ect.	24	22%
4	Knowing where to obtain information about services and benefits	32	29%
16	Taking care of another adult	10	9%
17	Taking care of a grandchild	5	5%
15	Taking care of personal needs such as meals, bathing, dressing	11	10%
11	Conflicts with others such as family, neighbors, creditors	16	15%
	DEMOGRAPHICS		
	Self reported overall health is Good	60	55%
	Self reported overall health is Fair	42	39%
	Self reported overall health is Poor	2	2%
	Age 75+	53	49%
	Minority	16	15%
	Low Income	51	47%

**Table 5e**

RANK	<b>Zip Code:</b> <b>12512</b> <b>Chelsea</b> <b>Total Surveys: 1</b>	# Reporting as a Problem	% Reporting as a Problem
	Understanding health insurance/Medicare	0	0%
	Keeping up with medical costs	0	0%
	Insufficient money for food, shelter, clothes	0	0%
	Affording energy and utilities	0	0%
	Managing household budgeting/bill paying	0	0%
	Household chores and maintenance	0	0%
	Feeling afraid/unsafe at home because you may fall or get injured	0	0%
	Feeling afraid or unsafe at home because of possible crime	0	0%
	Legal Affairs	0	0%
	Loneliness, isolation, or depression	0	0%
	Disability or Impaired Mobility	0	0%
	Transportation - including for medical. Shopping, recreation, ect.	0	0%
	Knowing where to obtain information about services and benefits	0	0%
	Taking care of another adult	0	0%
	Taking care of a grandchild	0	0%
	Taking care of personal needs such as meals, bathing, dressing	0	0%
	Conflicts with others such as family, neighbors, creditors	0	0%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	1	100%
	Self reported overall health is Fair	0	0%
	Self reported overall health is Poor	0	0%
	Age 75+	1	100%
	Minority	0	0%
	Low Income	0	0%

**Table 5f**

RANK	<b>Zip Code:</b> <b>12514 Clinton</b> <b>Corners</b> <b>Total Surveys: 16</b>	# Reporting as a Problem	% Reporting as a Problem
2	Understanding health insurance/Medicare	2	13%
1	Keeping up with medical costs	3	19%
	Insufficient money for food, shelter, clothes	0	0%
1	Affording energy and utilities	3	19%
3	Managing household budgeting/bill paying	1	6%
1	Household chores and maintenance	3	19%
	Feeling afraid/unsafe at home because you may fall or get injured	1	6%
3	Feeling afraid or unsafe at home because of possible crime	0	0%
	Legal Affairs	0	0%
	Loneliness, isolation, or depression	0	0%
2	Disability or Impaired Mobility	2	13%
	Transportation - including for medical. Shopping, recreation, ect.	0	0%
2	Knowing where to obtain information about services and benefits	2	13%
	Taking care of another adult	0	0%
	Taking care of a grandchild	0	0%
	Taking care of personal needs such as meals, bathing, dressing	0	0%
	Conflicts with others such as family, neighbors, creditors	0	0%
	DEMOGRAPHICS		
	Self reported overall health is Good	12	75%
	Self reported overall health is Fair	4	25%
	Self reported overall health is Poor	0	0%
	Age 75+	5	31%
	Minority	0	0%
	Low Income	0	0%

**Table 5g**

RANK	<b>Zip Code:</b> <b>12522</b> <b>Dover Plains</b> <b>Total Surveys: 35</b>	# Reporting as a Problem	% Reporting as a Problem
3	Understanding health insurance/Medicare	9	26%
2	Keeping up with medical costs	10	29%
6	Insufficient money for food, shelter, clothes	7	20%
1	Affording energy and utilities	13	37%
6	Managing household budgeting/bill paying	7	20%
6	Household chores and maintenance	7	20%
13	Feeling afraid/unsafe at home because you may fall or get injured	4	11%
11	Feeling afraid or unsafe at home because of possible crime	5	14%
6	Legal Affairs	7	20%
4	Loneliness, isolation, or depression	8	23%
11	Disability or Impaired Mobility	5	14%
10	Transportation - including for medical. Shopping, recreation, ect.	6	17%
4	Knowing where to obtain information about services and benefits	8	23%
13	Taking care of another adult	4	11%
16	Taking care of a grandchild	1	3%
16	Taking care of personal needs such as meals, bathing, dressing	1	3%
13	Conflicts with others such as family, neighbors, creditors	4	11%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	19	54%
	Self reported overall health is Fair	11	31%
	Self reported overall health is Poor	3	9%
	Age 75+	12	34%
	Minority	0	0%
	Low Income	16	46%

Table 5h

RANK	<b>Zip Code:</b> <b>12524 Fishkill</b> <b>Total Surveys: 72</b>	# Reporting as a Problem	% Reporting as a Problem
3	Understanding health insurance/Medicare	20	28%
1	Keeping up with medical costs	21	29%
10	Insufficient money for food, shelter, clothes	9	13%
4	Affording energy and utilities	16	22%
10	Managing household budgeting/bill paying	9	13%
5	Household chores and maintenance	13	18%
8	Feeling afraid/unsafe at home because you may fall or get injured	12	17%
15	Feeling afraid or unsafe at home because of possible crime	6	8%
5	Legal Affairs	13	18%
13	Loneliness, isolation, or depression	8	11%
5	Disability or Impaired Mobility	13	18%
10	Transportation - including for medical. Shopping, recreation, ect.	9	13%
1	Knowing where to obtain information about services and benefits	21	29%
9	Taking care of another adult	10	14%
17	Taking care of a grandchild	4	6%
15	Taking care of personal needs such as meals, bathing, dressing	6	8%
13	Conflicts with others such as family, neighbors, creditors	8	11%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	51	71%
	Self reported overall health is Fair	17	24%
	Self reported overall health is Poor	2	3%
	Age 75+	28	39%
	Minority	2	3%
	Low Income	19	26%

Table 5i

RANK	<b>Zip Code:</b> <b>12527</b> <b>Glenham</b> <b>Total Surveys: 1</b>	# Reporting as a Problem	% Reporting as a Problem
	Understanding health insurance/Medicare	0	0%
	Keeping up with medical costs	0	0%
	Insufficient money for food, shelter, clothes	0	0%
	Affording energy and utilities	0	0%
	Managing household budgeting/bill paying	0	0%
1	Household chores and maintenance	1	100%
	Feeling afraid/unsafe at home because you may fall or get injured	0	0%
	Feeling afraid or unsafe at home because of possible crime	0	0%
	Legal Affairs	0	0%
	Loneliness, isolation, or depression	0	0%
	Disability or Impaired Mobility	0	0%
	Transportation - including for medical. Shopping, recreation, ect.	0	0%
1	Knowing where to obtain information about services and benefits	1	100%
	Taking care of another adult	0	0%
	Taking care of a grandchild	0	0%
	Taking care of personal needs such as meals, bathing, dressing	0	0%
	Conflicts with others such as family, neighbors, creditors	0	0%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	1	100%
	Self reported overall health is Fair	0	0%
	Self reported overall health is Poor	0	0%
	Age 75+	1	100%
	Minority	0	0%
	Low Income	0	0%

**Table 5j**

RANK	<b>Zip Code:</b> <b>12531 Holmes</b> <b>Total Surveys: 4</b>	# Reporting as a Problem	% Reporting as a Problem
1	Understanding health insurance/Medicare	1	25%
1	Keeping up with medical costs	1	25%
	Insufficient money for food, shelter, clothes	0	0%
1	Affording energy and utilities	1	25%
	Managing household budgeting/bill paying	0	0%
1	Household chores and maintenance	1	25%
	Feeling afraid/unsafe at home because you may fall or get injured	0	0%
	Feeling afraid or unsafe at home because of possible crime	0	0%
	Legal Affairs	0	0%
1	Loneliness, isolation, or depression	1	25%
	Disability or Impaired Mobility	0	0%
	Transportation - including for medical. Shopping, recreation, ect.	0	0%
	Knowing where to obtain information about services and benefits	0	0%
	Taking care of another adult	0	0%
1	Taking care of a grandchild	1	25%
	Taking care of personal needs such as meals, bathing, dressing	0	0%
	Conflicts with others such as family, neighbors, creditors	0	0%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	2	50%
	Self reported overall health is Fair	1	25%
	Self reported overall health is Poor	1	25%
	Age 75+	2	50%
	Minority	0	0%
	Low Income	1	25%



**Table 5k**

RANK	<b>Zip Code:</b> <b>12533</b> <b>Hopewell</b> <b>Junction</b> <b>Total Surveys: 41</b>	# Reporting as a Problem	% Reporting as a Problem
1	Understanding health insurance/Medicare	20	49%
3	Keeping up with medical costs	14	34%
6	Insufficient money for food, shelter, clothes	9	22%
2	Affording energy and utilities	16	39%
10	Managing household budgeting/bill paying	8	20%
5	Household chores and maintenance	12	29%
6	Feeling afraid/unsafe at home because you may fall or get injured	9	22%
14	Feeling afraid or unsafe at home because of possible crime	4	10%
11	Legal Affairs	7	17%
13	Loneliness, isolation, or depression	5	12%
11	Disability or Impaired Mobility	7	17%
6	Transportation - including for medical. Shopping, recreation, ect.	9	22%
4	Knowing where to obtain information about services and benefits	13	32%
6	Taking care of another adult	9	22%
16	Taking care of a grandchild	2	5%
15	Taking care of personal needs such as meals, bathing, dressing	3	7%
13	Conflicts with others such as family, neighbors, creditors	5	12%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	28	68%
	Self reported overall health is Fair	11	27%
	Self reported overall health is Poor	1	2%
	Age 75+	16	39%
	Minority	3	7%
	Low Income	9	22%

**Table 5I**

RANK	<b>Zip Code:</b> <b>12538 Hyde</b> <b>Park      Total</b> <b>Surveys:      72</b>	# Reporting as a Problem	% Reporting as a Problem
6	Understanding health insurance/Medicare	19	26%
1	Keeping up with medical costs	30	42%
4	Insufficient money for food, shelter, clothes	21	29%
2	Affording energy and utilities	24	33%
9	Managing household budgeting/bill paying	13	18%
5	Household chores and maintenance	20	28%
8	Feeling afraid/unsafe at home because you may fall or get injured	14	19%
11	Feeling afraid or unsafe at home because of possible crime	11	15%
13	Legal Affairs	7	10%
12	Loneliness, isolation, or depression	8	11%
7	Disability or Impaired Mobility	15	21%
10	Transportation - including for medical. Shopping, recreation, ect.	12	17%
3	Knowing where to obtain information about services and benefits	22	31%
14	Taking care of another adult	6	8%
16	Taking care of a grandchild	3	4%
16	Taking care of personal needs such as meals, bathing, dressing	3	4%
15	Conflicts with others such as family, neighbors, creditors	5	7%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	38	53%
	Self reported overall health is Fair	28	39%
	Self reported overall health is Poor	3	4%
	Age 75+	46	64%
	Minority	5	7%
	Low Income	31	43%

**Table 5m**

RANK	<b>Zip Code:</b> <b>12540</b> <b>LaGrangeville</b> <b>Total</b> <b>Surveys: 29</b>	# Reporting as a Problem	% Reporting as a Problem
1	Understanding health insurance/Medicare	11	38%
2	Keeping up with medical costs	7	24%
11	Insufficient money for food, shelter, clothes	2	7%
2	Affording energy and utilities	7	24%
7	Managing household budgeting/bill paying	3	10%
7	Household chores and maintenance	3	10%
13	Feeling afraid/unsafe at home because you may fall or get injured	1	3%
7	Feeling afraid or unsafe at home because of possible crime	3	10%
5	Legal Affairs	4	14%
13	Loneliness, isolation, or depression	1	3%
5	Disability or Impaired Mobility	4	14%
7	Transportation - including for medical. Shopping, recreation, ect.	3	10%
4	Knowing where to obtain information about services and benefits	6	21%
13	Taking care of another adult	1	3%
11	Taking care of a grandchild	2	7%
16	Taking care of personal needs such as meals, bathing, dressing	0	0%
16	Conflicts with others such as family, neighbors, creditors	0	0%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	27	93%
	Self reported overall health is Fair	2	7%
	Self reported overall health is Poor	0	0%
	Age 75+	13	45%
	Minority	3	10%
	Low Income	5	17%

**Table 5n**

RANK	<b>Zip Code:</b> <b>12545</b> <b>Millbrook</b> <b>Total Surveys: 11</b>	# Reporting as a Problem	% Reporting as a Problem
6	Understanding health insurance/Medicare	3	27%
2	Keeping up with medical costs	5	45%
6	Insufficient money for food, shelter, clothes	3	27%
2	Affording energy and utilities	5	45%
5	Managing household budgeting/bill paying	4	36%
1	Household chores and maintenance	7	64%
12	Feeling afraid/unsafe at home because you may fall or get injured	2	18%
16	Feeling afraid or unsafe at home because of possible crime	1	9%
6	Legal Affairs	3	27%
12	Loneliness, isolation, or depression	2	18%
6	Disability or Impaired Mobility	3	27%
6	Transportation - including for medical. Shopping, recreation, ect.	3	27%
2	Knowing where to obtain information about services and benefits	5	45%
12	Taking care of another adult	2	18%
6	Taking care of a grandchild	3	27%
12	Taking care of personal needs such as meals, bathing, dressing	2	18%
17	Conflicts with others such as family, neighbors, creditors	0	0%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	4	36%
	Self reported overall health is Fair	4	36%
	Self reported overall health is Poor	2	18%
	Age 75+	8	73%
	Minority	0	0%
	Low Income	6	55%

**Table 5o**

RANK	<b>Zip Code:</b> <b>12546</b> <b>Millerton</b> <b>Total Surveys: 26</b>	# Reporting as a Problem	% Reporting as a Problem
14	Understanding health insurance/Medicare	1	4%
7	Keeping up with medical costs	3	12%
11	Insufficient money for food, shelter, clothes	2	8%
1	Affording energy and utilities	9	35%
7	Managing household budgeting/bill paying	3	12%
2	Household chores and maintenance	7	27%
7	Feeling afraid/unsafe at home because you may fall or get injured	3	12%
5	Feeling afraid or unsafe at home because of possible crime	4	15%
7	Legal Affairs	3	12%
3	Loneliness, isolation, or depression	5	19%
5	Disability or Impaired Mobility	4	15%
17	Transportation - including for medical. Shopping, recreation, ect.	0	0%
3	Knowing where to obtain information about services and benefits	5	19%
11	Taking care of another adult	2	8%
14	Taking care of a grandchild	1	4%
11	Taking care of personal needs such as meals, bathing, dressing	2	8%
14	Conflicts with others such as family, neighbors, creditors	1	4%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	23	88%
	Self reported overall health is Fair	1	4%
	Self reported overall health is Poor	0	0%
	Age 75+	15	58%
	Minority	0	0%
	Low Income	11	42%

Table 5p

RANK	<b>Zip Code:</b> <b>12564 Pawling</b> <b>Total</b> <b>Surveys: 43</b>	# Reporting as a Problem	% Reporting as a Problem
12	Understanding health insurance/Medicare	2	5%
3	Keeping up with medical costs	8	19%
14	Insufficient money for food, shelter, clothes	1	2%
8	Affording energy and utilities	4	9%
14	Managing household budgeting/bill paying	1	2%
2	Household chores and maintenance	9	21%
3	Feeling afraid/unsafe at home because you may fall or get injured	8	19%
5	Feeling afraid or unsafe at home because of possible crime	6	14%
8	Legal Affairs	4	9%
8	Loneliness, isolation, or depression	4	9%
7	Disability or Impaired Mobility	5	12%
5	Transportation - including for medical. Shopping, recreation, ect.	6	14%
1	Knowing where to obtain information about services and benefits	10	23%
11	Taking care of another adult	3	7%
17	Taking care of a grandchild	0	0%
12	Taking care of personal needs such as meals, bathing, dressing	2	5%
14	Conflicts with others such as family, neighbors, creditors	1	2%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	30	70%
	Self reported overall health is Fair	10	23%
	Self reported overall health is Poor	1	2%
	Age 75+	35	81%
	Minority	0	0%
	Low Income	11	26%

**Table 5q**

RANK	<b>Zip Code:</b> <b>12567 Pine</b> <b>Plains</b> <b>Total Surveys: 44</b>	# Reporting as a Problem	% Reporting as a Problem
	Understanding health insurance/Medicare	9	20%
	Keeping up with medical costs	8	18%
	Insufficient money for food, shelter, clothes	3	7%
	Affording energy and utilities	4	9%
	Managing household budgeting/bill paying	2	5%
	Household chores and maintenance	12	27%
	Feeling afraid/unsafe at home because you may fall or get injured	4	9%
	Feeling afraid or unsafe at home because of possible crime	2	5%
	Legal Affairs	3	7%
	Loneliness, isolation, or depression	3	7%
	Disability or Impaired Mobility	8	18%
	Transportation - including for medical. Shopping, recreation, ect.	5	11%
	Knowing where to obtain information about services and benefits	8	18%
	Taking care of another adult	2	5%
	Taking care of a grandchild	2	5%
	Taking care of personal needs such as meals, bathing, dressing	1	2%
	Conflicts with others such as family, neighbors, creditors	2	5%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	33	75%
	Self reported overall health is Fair	10	23%
	Self reported overall health is Poor	0	0%
	Age 75+	26	59%
	Minority	1	2%
	Low Income	12	27%

**Table 5r**

RANK	<b>Zip Code:</b> <b>12569 Pleasant</b> <b>Valley</b> <b>Total Surveys: 89</b>	# Reporting as a Problem	% Reporting as a Problem
1	Understanding health insurance/Medicare	25	28%
2	Keeping up with medical costs	23	26%
7	Insufficient money for food, shelter, clothes	11	12%
3	Affording energy and utilities	21	24%
10	Managing household budgeting/bill paying	6	7%
4	Household chores and maintenance	19	21%
8	Feeling afraid/unsafe at home because you may fall or get injured	9	10%
13	Feeling afraid or unsafe at home because of possible crime	4	4%
9	Legal Affairs	7	8%
13	Loneliness, isolation, or depression	4	4%
6	Disability or Impaired Mobility	13	15%
10	Transportation - including for medical. Shopping, recreation, ect.	6	7%
5	Knowing where to obtain information about services and benefits	15	17%
13	Taking care of another adult	4	4%
16	Taking care of a grandchild	3	3%
17	Taking care of personal needs such as meals, bathing, dressing	2	2%
12	Conflicts with others such as family, neighbors, creditors	5	6%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	63	71%
	Self reported overall health is Fair	23	26%
	Self reported overall health is Poor	1	1%
	Age 75+	50	56%
	Minority	3	3%
	Low Income	27	30%



**Table 5s**

RANK	<b>Zip Code:</b> <b>12601</b> <b>Poughkeepsie</b> <b>(City)</b> <b>Total Surveys: 246</b>	# Reporting as a Problem	% Reporting as a Problem
5	Understanding health insurance/Medicare	78	32%
2	Keeping up with medical costs	82	33%
2	Insufficient money for food, shelter, clothes	82	33%
1	Affording energy and utilities	89	36%
8	Managing household budgeting/bill paying	59	24%
8	Household chores and maintenance	59	24%
13	Feeling afraid/unsafe at home because you may fall or get injured	36	15%
11	Feeling afraid or unsafe at home because of possible crime	47	19%
12	Legal Affairs	37	15%
10	Loneliness, isolation, or depression	48	20%
7	Disability or Impaired Mobility	65	26%
6	Transportation - including for medical. Shopping, recreation, ect.	68	28%
4	Knowing where to obtain information about services and benefits	79	32%
16	Taking care of another adult	21	9%
17	Taking care of a grandchild	15	6%
14	Taking care of personal needs such as meals, bathing, dressing	30	12%
15	Conflicts with others such as family, neighbors, creditors	23	9%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	125	51%
	Self reported overall health is Fair	97	39%
	Self reported overall health is Poor	14	6%
	Age 75+	106	43%
	Minority	22	9%
	Low Income	154	63%

Table 5t

RANK	<b>Zip Code:</b> <b>12602</b> <b>Poughkeepsie</b> <b>Total</b> <b>Surveys: 5</b>	# Reporting as a Problem	% Reporting as a Problem
11	Understanding health insurance/Medicare	0	0%
4	Keeping up with medical costs	1	20%
4	Insufficient money for food, shelter, clothes	1	20%
1	Affording energy and utilities	2	40%
4	Managing household budgeting/bill paying	1	20%
4	Household chores and maintenance	1	20%
11	Feeling afraid/unsafe at home because you may fall or get injured	0	0%
11	Feeling afraid or unsafe at home because of possible crime	0	0%
4	Legal Affairs	1	20%
1	Loneliness, isolation, or depression	2	40%
1	Disability or Impaired Mobility	2	40%
4	Transportation - including for medical. Shopping, recreation, ect.	1	20%
11	Knowing where to obtain information about services and benefits	0	0%
4	Taking care of another adult	1	20%
11	Taking care of a grandchild	0	0%
11	Taking care of personal needs such as meals, bathing, dressing	0	0%
4	Conflicts with others such as family, neighbors, creditors	1	20%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	2	40%
	Self reported overall health is Fair	2	40%
	Self reported overall health is Poor	1	20%
	Age 75+	1	20%
	Minority	0	0%
	Low Income	2	40%

**Table 5u**

RANK	<b>Zip Code:</b> <b>12603</b> <b>Poughkeepsie</b> <b>(Town)</b> <b>Total</b> <b>Surveys: 164</b>	# Reporting as a Problem	% Reporting as a Problem
1	Understanding health insurance/Medicare	42	26%
2	Keeping up with medical costs	39	24%
10	Insufficient money for food, shelter, clothes	19	12%
5	Affording energy and utilities	33	20%
7	Managing household budgeting/bill paying	22	13%
4	Household chores and maintenance	34	21%
11	Feeling afraid/unsafe at home because you may fall or get injured	17	10%
13	Feeling afraid or unsafe at home because of possible crime	16	10%
8	Legal Affairs	21	13%
11	Loneliness, isolation, or depression	17	10%
6	Disability or Impaired Mobility	32	20%
14	Transportation - including for medical. Shopping, recreation, ect.	15	9%
3	Knowing where to obtain information about services and benefits	35	21%
9	Taking care of another adult	20	12%
17	Taking care of a grandchild	7	4%
15	Taking care of personal needs such as meals, bathing, dressing	8	5%
15	Conflicts with others such as family, neighbors, creditors	8	5%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	107	65%
	Self reported overall health is Fair	46	28%
	Self reported overall health is Poor	3	2%
	Age 75+	87	53%
	Minority	5	3%
	Low Income	42	26%

**Table 5v**

RANK	<b>Zip Code:</b> <b>12604</b> <b>Poughkeepsie</b> <b>Total</b> <b>Surveys: 2</b>	# Reporting as a Problem	% Reporting as a Problem
	Understanding health insurance/Medicare	0	0%
1	Keeping up with medical costs	1	50%
	Insufficient money for food, shelter, clothes	0	0%
	Affording energy and utilities	0	0%
	Managing household budgeting/bill paying	0	0%
1	Household chores and maintenance	1	50%
	Feeling afraid/unsafe at home because you may fall or get injured	0	0%
1	Feeling afraid or unsafe at home because of possible crime	1	50%
	Legal Affairs	0	0%
1	Loneliness, isolation, or depression	1	50%
	Disability or Impaired Mobility	0	0%
1	Transportation - including for medical. Shopping, recreation, ect.	1	50%
	Knowing where to obtain information about services and benefits	0	0%
	Taking care of another adult	0	0%
	Taking care of a grandchild	0	0%
	Taking care of personal needs such as meals, bathing, dressing	0	0%
	Conflicts with others such as family, neighbors, creditors	0	0%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	2	100%
	Self reported overall health is Fair		0%
	Self reported overall health is Poor		0%
	Age 75+	1	50%
	Minority		0%
	Low Income		0%

**Table 5w**

RANK	<b>Zip Code:</b> <b>12570</b> <b>Poughquag</b> <b>Total Surveys: 13</b>	# Reporting as a Problem	% Reporting as a Problem
2	Understanding health insurance/Medicare	5	38%
8	Keeping up with medical costs	2	15%
14	Insufficient money for food, shelter, clothes	0	0%
8	Affording energy and utilities	2	15%
14	Managing household budgeting/bill paying	0	0%
1	Household chores and maintenance	6	46%
4	Feeling afraid/unsafe at home because you may fall or get injured	4	31%
11	Feeling afraid or unsafe at home because of possible crime	1	8%
11	Legal Affairs	1	8%
8	Loneliness, isolation, or depression	2	15%
2	Disability or Impaired Mobility	5	38%
4	Transportation - including for medical. Shopping, recreation, ect.	4	31%
4	Knowing where to obtain information about services and benefits	4	31%
7	Taking care of another adult	3	23%
14	Taking care of a grandchild	0	0%
11	Taking care of personal needs such as meals, bathing, dressing	1	8%
14	Conflicts with others such as family, neighbors, creditors	0	0%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	7	54%
	Self reported overall health is Fair	6	46%
	Self reported overall health is Poor	0	0%
	Age 75+	12	92%
	Minority	0	0%
	Low Income	2	15%

**Table 5x**

RANK	<b>Zip Code:</b> <b>12570 Red</b> <b>Hook</b> <b>Total Surveys: 66</b>	# Reporting as a Problem	% Reporting as a Problem
4	Understanding health insurance/Medicare	15	23%
2	Keeping up with medical costs	24	36%
7	Insufficient money for food, shelter, clothes	11	17%
1	Affording energy and utilities	26	39%
5	Managing household budgeting/bill paying	13	20%
3	Household chores and maintenance	19	29%
5	Feeling afraid/unsafe at home because you may fall or get injured	13	20%
12	Feeling afraid or unsafe at home because of possible crime	7	11%
7	Legal Affairs	11	17%
13	Loneliness, isolation, or depression	6	9%
10	Disability or Impaired Mobility	9	14%
11	Transportation - including for medical. Shopping, recreation, ect.	8	12%
9	Knowing where to obtain information about services and benefits	10	15%
13	Taking care of another adult	6	9%
16	Taking care of a grandchild	4	6%
17	Taking care of personal needs such as meals, bathing, dressing	3	5%
15	Conflicts with others such as family, neighbors, creditors	5	8%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	41	62%
	Self reported overall health is Fair	22	33%
	Self reported overall health is Poor	1	2%
	Age 75+	31	47%
	Minority	0	0%
	Low Income	14	21%

**Table 5y**

RANK	<b>Zip Code:</b> <b>12572</b> <b>Rhinebeck</b> <b>Total Surveys: 81</b>	# Reporting as a Problem	% Reporting as a Problem
4	Understanding health insurance/Medicare	16	20%
3	Keeping up with medical costs	18	22%
7	Insufficient money for food, shelter, clothes	13	16%
1	Affording energy and utilities	22	27%
12	Managing household budgeting/bill paying	8	10%
2	Household chores and maintenance	19	23%
9	Feeling afraid/unsafe at home because you may fall or get injured	10	12%
8	Feeling afraid or unsafe at home because of possible crime	11	14%
16	Legal Affairs	5	6%
14	Loneliness, isolation, or depression	6	7%
4	Disability or Impaired Mobility	16	20%
10	Transportation - including for medical. Shopping, recreation, ect.	9	11%
4	Knowing where to obtain information about services and benefits	16	20%
10	Taking care of another adult	9	11%
14	Taking care of a grandchild	6	7%
17	Taking care of personal needs such as meals, bathing, dressing	4	5%
12	Conflicts with others such as family, neighbors, creditors	8	10%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	46	57%
	Self reported overall health is Fair	31	38%
	Self reported overall health is Poor	2	2%
	Age 75+	39	48%
	Minority	3	4%
	Low Income	38	47%

**Table 5z**

RANK	<b>Zip Code:</b> <b>12574</b> <b>Rhinecliff</b> <b>Total Surveys: 2</b>	# Reporting as a Problem	% Reporting as a Problem
1	Understanding health insurance/Medicare	1	50%
	Keeping up with medical costs	0	0%
	Insufficient money for food, shelter, clothes	0	0%
	Affording energy and utilities	0	0%
	Managing household budgeting/bill paying	0	0%
1	Household chores and maintenance	1	50%
	Feeling afraid/unsafe at home because you may fall or get injured	0	0%
1	Feeling afraid or unsafe at home because of possible crime	1	50%
	Legal Affairs	0	0%
	Loneliness, isolation, or depression	0	0%
1	Disability or Impaired Mobility	1	50%
	Transportation - including for medical. Shopping, recreation, ect.	0	0%
1	Knowing where to obtain information about services and benefits	1	50%
1	Taking care of another adult	1	50%
	Taking care of a grandchild	0	0%
	Taking care of personal needs such as meals, bathing, dressing	0	0%
	Conflicts with others such as family, neighbors, creditors	0	0%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	2	100%
	Self reported overall health is Fair	0	0%
	Self reported overall health is Poor	0	0%
	Age 75+	1	50%
	Minority	0	0%
	Low Income	0	0%



**Table 5aa**

RANK	<b>Zip Code:</b> <b>12578 Salt</b> <b>Point</b> <b>Total Surveys: 14</b>	# Reporting as a Problem	% Reporting as a Problem
3	Understanding health insurance/Medicare	2	14%
3	Keeping up with medical costs	2	14%
8	Insufficient money for food, shelter, clothes	1	7%
1	Affording energy and utilities	4	29%
3	Managing household budgeting/bill paying	2	14%
3	Household chores and maintenance	2	14%
3	Feeling afraid/unsafe at home because you may fall or get injured	2	14%
8	Feeling afraid or unsafe at home because of possible crime	1	7%
8	Legal Affairs	1	7%
8	Loneliness, isolation, or depression	1	7%
2	Disability or Impaired Mobility	3	21%
14	Transportation - including for medical. Shopping, recreation, ect.	0	0%
14	Knowing where to obtain information about services and benefits	0	0%
14	Taking care of another adult	0	0%
14	Taking care of a grandchild	0	0%
8	Taking care of personal needs such as meals, bathing, dressing	1	7%
8	Conflicts with others such as family, neighbors, creditors	1	7%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	10	71%
	Self reported overall health is Fair	4	29%
	Self reported overall health is Poor	0	0%
	Age 75+	4	29%
	Minority	0	0%
	Low Income	4	29%

**Table 5bb**

RANK	<b>Zip Code: 12580</b> <b>Staatsburg</b> <b>Total Surveys: 25</b>	# Reporting as a Problem	% Reporting as a Problem
5	Understanding health insurance/Medicare	6	24%
2	Keeping up with medical costs	9	36%
5	Insufficient money for food, shelter, clothes	6	24%
1	Affording energy and utilities	10	40%
10	Managing household budgeting/bill paying	3	12%
3	Household chores and maintenance	7	28%
11	Feeling afraid/unsafe at home because you may fall or get injured	2	8%
15	Feeling afraid or unsafe at home because of possible crime	1	4%
15	Legal Affairs	1	4%
8	Loneliness, isolation, or depression	5	20%
3	Disability or Impaired Mobility	7	28%
9	Transportation - including for medical. Shopping, recreation, ect.	4	16%
5	Knowing where to obtain information about services and benefits	6	24%
11	Taking care of another adult	2	8%
17	Taking care of a grandchild	0	0%
11	Taking care of personal needs such as meals, bathing, dressing	2	8%
11	Conflicts with others such as family, neighbors, creditors	2	8%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	13	52%
	Self reported overall health is Fair	8	32%
	Self reported overall health is Poor	4	16%
	Age 75+	7	28%
	Minority	0	0%
	Low Income	11	44%

**Table 5cc**

RANK	<b>Zip Code:</b> <b>12581</b> <b>Stanfordville</b> <b>Total</b> <b>Surveys: 29</b>	# Reporting as a Problem	% Reporting as a Problem
1	Understanding health insurance/Medicare	8	28%
3	Keeping up with medical costs	6	21%
8	Insufficient money for food, shelter, clothes	2	7%
8	Affording energy and utilities	2	7%
6	Managing household budgeting/bill paying	4	14%
3	Household chores and maintenance	6	21%
6	Feeling afraid/unsafe at home because you may fall or get injured	4	14%
8	Feeling afraid or unsafe at home because of possible crime	2	7%
16	Legal Affairs	0	0%
8	Loneliness, isolation, or depression	2	7%
8	Disability or Impaired Mobility	2	7%
3	Transportation - including for medical. Shopping, recreation, ect.	6	21%
2	Knowing where to obtain information about services and benefits	7	24%
8	Taking care of another adult	2	7%
16	Taking care of a grandchild	0	0%
15	Taking care of personal needs such as meals, bathing, dressing	1	3%
8	Conflicts with others such as family, neighbors, creditors	2	7%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	18	62%
	Self reported overall health is Fair	8	28%
	Self reported overall health is Poor	1	3%
	Age 75+	18	62%
	Minority	1	3%
	Low Income	5	17%

**Table 5dd**

RANK	<b>Zip Code:</b> <b>12582</b> <b>Stormville</b> <b>Total Surveys: 4</b>	# Reporting as a Problem	% Reporting as a Problem
	Understanding health insurance/Medicare	0	0%
2	Keeping up with medical costs	2	50%
5	Insufficient money for food, shelter, clothes	1	25%
1	Affording energy and utilities	3	75%
2	Managing household budgeting/bill paying	2	50%
5	Household chores and maintenance	1	25%
	Feeling afraid/unsafe at home because you may fall or get injured	0	0%
	Feeling afraid or unsafe at home because of possible crime	0	0%
5	Legal Affairs	1	25%
	Loneliness, isolation, or depression	0	0%
2	Disability or Impaired Mobility	2	50%
	Transportation - including for medical. Shopping, recreation, ect.	0	0%
	Knowing where to obtain information about services and benefits	0	0%
	Taking care of another adult	0	0%
	Taking care of a grandchild	0	0%
	Taking care of personal needs such as meals, bathing, dressing	0	0%
	Conflicts with others such as family, neighbors, creditors	0	0%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	3	75%
	Self reported overall health is Fair	1	25%
	Self reported overall health is Poor	0	0%
	Age 75+	3	75%
	Minority	0	0%
	Low Income	0	0%

**Table 5ee**

RANK	<b>Zip Code:</b> <b>12583 Tivoli</b> <b>Total</b> <b>Surveys: 9</b>	# Reporting as a Problem	% Reporting as a Problem
3	Understanding health insurance/Medicare	2	22%
2	Keeping up with medical costs	3	33%
3	Insufficient money for food, shelter, clothes	2	22%
3	Affording energy and utilities	2	22%
10	Managing household budgeting/bill paying	1	11%
10	Household chores and maintenance	1	11%
3	Feeling afraid/unsafe at home because you may fall or get injured	2	22%
10	Feeling afraid or unsafe at home because of possible crime	1	11%
3	Legal Affairs	2	22%
3	Loneliness, isolation, or depression	2	22%
3	Disability or Impaired Mobility	2	22%
14	Transportation - including for medical. Shopping, recreation, ect.	0	0%
1	Knowing where to obtain information about services and benefits	4	44%
14	Taking care of another adult	0	0%
14	Taking care of a grandchild	0	0%
14	Taking care of personal needs such as meals, bathing, dressing	0	0%
10	Conflicts with others such as family, neighbors, creditors	1	11%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	5	56%
	Self reported overall health is Fair	4	44%
	Self reported overall health is Poor	0	0%
	Age 75+	1	11%
	Minority	0	0%
	Low Income	2	22%

**Table 5ff**

RANK	<b>Zip Code:</b> <b>12585 Verbank</b> <b>Total</b> <b>Surveys: 6</b>	# Reporting as a Problem	% Reporting as a Problem
1	Understanding health insurance/Medicare	2	33%
4	Keeping up with medical costs	1	17%
1	Insufficient money for food, shelter, clothes	2	33%
1	Affording energy and utilities	2	33%
11	Managing household budgeting/bill paying	0	0%
11	Household chores and maintenance	0	0%
11	Feeling afraid/unsafe at home because you may fall or get injured	0	0%
4	Feeling afraid or unsafe at home because of possible crime	1	17%
4	Legal Affairs	1	17%
4	Loneliness, isolation, or depression	1	17%
11	Disability or Impaired Mobility	0	0%
4	Transportation - including for medical. Shopping, recreation, ect.	1	17%
4	Knowing where to obtain information about services and benefits	1	17%
11	Taking care of another adult	0	0%
11	Taking care of a grandchild	0	0%
11	Taking care of personal needs such as meals, bathing, dressing	0	0%
4	Conflicts with others such as family, neighbors, creditors	1	17%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	5	83%
	Self reported overall health is Fair	1	17%
	Self reported overall health is Poor	0	0%
	Age 75+	3	50%
	Minority	0	0%
	Low Income	1	17%

**Table 5gg**

RANK	<b>Zip Code:</b> <b>12590</b> <b>Wappingers</b> <b>Falls</b> <b>Total Surveys: 147</b>	# Reporting as a Problem	% Reporting as a Problem
4	Understanding health insurance/Medicare	36	24%
1	Keeping up with medical costs	45	31%
12	Insufficient money for food, shelter, clothes	15	10%
1	Affording energy and utilities	45	31%
7	Managing household budgeting/bill paying	21	14%
5	Household chores and maintenance	33	22%
7	Feeling afraid/unsafe at home because you may fall or get injured	21	14%
11	Feeling afraid or unsafe at home because of possible crime	16	11%
9	Legal Affairs	18	12%
13	Loneliness, isolation, or depression	13	9%
6	Disability or Impaired Mobility	27	18%
10	Transportation - including for medical. Shopping, recreation, ect.	17	12%
3	Knowing where to obtain information about services and benefits	44	30%
13	Taking care of another adult	13	9%
13	Taking care of a grandchild	9	6%
15	Taking care of personal needs such as meals, bathing, dressing	9	6%
15	Conflicts with others such as family, neighbors, creditors	9	6%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	94	64%
	Self reported overall health is Fair	44	30%
	Self reported overall health is Poor	4	3%
	Age 75+	74	50%
	Minority	7	5%
	Low Income	38	26%

**Table 5hh**

RANK	<b>Zip Code:</b> <b>12592 Wassaic</b> <b>Total</b> <b>Surveys: 5</b>	# Reporting as a Problem	% Reporting as a Problem
5	Understanding health insurance/Medicare	1	20%
3	Keeping up with medical costs	2	40%
5	Insufficient money for food, shelter, clothes	1	20%
1	Affording energy and utilities	3	60%
11	Managing household budgeting/bill paying	0	0%
5	Household chores and maintenance	1	20%
11	Feeling afraid/unsafe at home because you may fall or get injured	0	0%
11	Feeling afraid or unsafe at home because of possible crime	0	0%
5	Legal Affairs	1	20%
11	Loneliness, isolation, or depression	0	0%
1	Disability or Impaired Mobility	3	60%
5	Transportation - including for medical. Shopping, recreation, ect.	1	20%
3	Knowing where to obtain information about services and benefits	2	40%
11	Taking care of another adult	0	0%
5	Taking care of a grandchild	1	20%
11	Taking care of personal needs such as meals, bathing, dressing	0	0%
11	Conflicts with others such as family, neighbors, creditors	0	0%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	5	100%
	Self reported overall health is Fair	0	0%
	Self reported overall health is Poor	0	0%
	Age 75+	0	0%
	Minority	0	0%
	Low Income	3	60%



Table 5ii

RANK	<b>Zip Code:</b> <b>12594</b> <b>Wingdale</b> <b>Total</b> <b>Surveys: 16</b>	# Reporting as a Problem	% Reporting as a Problem
1	Understanding health insurance/Medicare	7	44%
8	Keeping up with medical costs	5	31%
2	Insufficient money for food, shelter, clothes	6	38%
2	Affording energy and utilities	6	38%
9	Managing household budgeting/bill paying	4	25%
2	Household chores and maintenance	6	38%
2	Feeling afraid/unsafe at home because you may fall or get injured	6	38%
2	Feeling afraid or unsafe at home because of possible crime	6	38%
12	Legal Affairs	3	19%
9	Loneliness, isolation, or depression	4	25%
12	Disability or Impaired Mobility	3	19%
9	Transportation - including for medical. Shopping, recreation, ect.	4	25%
2	Knowing where to obtain information about services and benefits	6	38%
14	Taking care of another adult	1	6%
17	Taking care of a grandchild	0	0%
14	Taking care of personal needs such as meals, bathing, dressing	1	6%
14	Conflicts with others such as family, neighbors, creditors	1	6%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	7	44%
	Self reported overall health is Fair	9	56%
	Self reported overall health is Poor	0	0%
	Age 75+	6	38%
	Minority	0	0%
	Low Income	8	50%

## B. Key Informant Survey Results

There were 92 Key Informant surveys returned. This survey asked respondents to check off the five issues they see as the greatest problems for seniors. “Transportation” was cited by 82% of the key informants as being a problem, with “Understanding health insurance/Medicare” second with 57%, and “Loneliness, isolation, or depression” third with 50% including it in their top five problems.

Rank	<b>2015 KEY INFORMANT SURVEY TOTALS</b> <b>92 Surveys Received</b>	# Reporting as among biggest problems	% Reporting as among biggest problems
1	Transportation – including for medical, shopping, recreation, etc.	75	82%
2	Understanding health insurance/Medicare	52	57%
3	Loneliness, isolation or depression	46	50%
4	Insufficient money for food, shelter, clothes	45	49%
5	Affording energy and utilities	39	42%
6	Household chores and maintenance	40	43%
7	Disability or Impaired Mobility	34	37%
8	Keeping up with medical costs	31	34%
9	Taking care of personal needs such as meals, bathing, dressing	29	32%
10	Knowing where to obtain information about services and benefits	22	24%
11	Feeling afraid/unsafe at home because you may fall or get injured	18	20%
12	Managing household budgeting/bill paying	15	16%
13	Conflicts with others such as family, neighbors, creditors	11	12%
14	Legal Affairs	10	11%
15	Taking care of another adult	10	11%
16	Feeling afraid or unsafe at home because of possible crime	3	3%
16	Taking care of a grandchild	1	1%

### C. Caregiver Survey Results

Thirty-two responses to the survey of caregivers were returned. The survey sought to determine which services caregivers needed and of those, which ones were received and which ones were not received. Additionally, it sought to determine what benefits accrued to those caregivers receiving services.

Of those responding, the services most frequently needed and received were “Caregiver workshops, conference, support groups and counseling” and “Help or information about and connecting to services and resources.” Service most frequently cited as having been needed but not received was “Respite Care.”

The table below illustrates the findings:

<b>Service Needs</b> - Services Needed and Received vs Services Needed but Not Received by Caregivers	Needed and Received		Needed but Haven't Received	
	#	%	#	%
Help or information about and connecting to services and resources	18	56%	4	13%
Caregiver workshops, conference, support groups, counseling	20	63%	3	10%
Respite Care – Social Adult Day Care, Home Care, Overnight Respite	6	19%	6	19%
Case Management	3	10%	1	3%
Personal Emergency Response System (Lifeline)	5	16%	1	3%
Home Delivered Meals	3	10%	2	6%
Transportation	1	3%	4	13%
Other (please describe):	0	0%	0	0%

#### D. Dutchess NY Connects Point of Entry Intakes Data

The single largest category of requested information pertains to Home Based Services. These services include such things as home health care, personal care, personal emergency response systems and home-delivered meals. The second largest category is Consumer and Caregiver Supports which include advocacy, case management, food stamps, and outreach programs. The third largest area is Insurance/Benefit Information and Counseling.

#### Dutchess NY Connects Intakes: Breakdown of Requested Information

April 1, 2014 – March 31, 2015

	Total Clients NY Connects Point of Entry	4669	
<b>Rank</b>		<b>Year Total</b>	<b>%*</b>
1	Home Based Services	2235	47.87%
2	Consumer and Caregiver Supports	1641	35.15%
3	Insurance/Benefit Information and Counseling	1205	25.81%
4	Residential/Housing Options & Supports	584	12.51%
5	Other	433	9.27%
6	Mental Health, Cognitive Status, Support Groups/Counseling	363	7.77%
7	Transportation	331	7.09%
8	Facility Based Services	296	6.34%
9	Protective/Prevention	227	4.86%
10	Legal Services	161	3.45%
11	Health and Wellness	99	2.12%
12	Home Modification and Repairs	91	1.95%
13	Prescription Medications	50	1.07%
14	Potential Abuse Category	47	1.01%
15	Personal Finance and Tax Assistance	40	0.86%
16	Children Specific	5	0.11%
17	Nutrition**	0	0.00%

*\* Total percentage equals more than 100% to account for those seeking information in more than one area*

*\*\* Categories are established by NYS Office for the Aging. Nutrition category does not include home delivered meals which are included in Home Based Services. Food stamps are included in Consumer and Caregiver Supports.*

Further detail on the 10/1/14 – 9/30/15 year is provided in Appendix D.

## **E. Public Hearings Findings**

- **2015**

Primary concerns expressed at the 2015 hearings concerned transportation, need for more senior housing, senior center activities and outreach to attract center participants, weatherization and heating needs, wages paid to those serving senior citizens, benefits for those above poverty level paid on a sliding scale and concern that Medicaid offers better benefits than Medicare.

- **2014**

Primary concerns expressed at the 2014 hearings related to the importance of the Congregate Nutrition sites and the desire to open on a 5<sup>th</sup> day, transportation, and consumer education and protection issues.

- **2013**

Primary concerns expressed at the 2013 hearings related to transportation, health insurance information needs, shopping assistance needs and the desire for additional days of operation of the Congregate Nutrition Site in Pawling and the desire for congregate meals at the Pine Plains senior center.

Minutes of the 2015 public hearings are included as an Appendix.

## **F. Dutchess County Community Health Survey Findings**

The Dutchess County ICA (Integrated County Assessment) Community Health Survey is a project undertaken roughly every four years by the Dutchess County Department of Health (DCDOH). The most recent project was also supported financially by the Health Quest, St. Francis Hospital and the Foundation for Community Health. DCDOH includes a number of other partners in the project as members of the ICA Workgroup, including the Office for the Aging. The survey report presents findings related to community health and safety as well as access to healthcare and other services.

The most recent Dutchess County Community Health Survey was conducted between 2012 and 2013. The telephone survey achieved 1157 responses. Of those approximately 26%, or about 288, were over the age of 60. It is important to keep in mind the smaller sample size of senior participants with regard to the validity of the data.

The data presented here represent the areas of greatest concern expressed by seniors as well as the largest areas of unmet need as expressed by senior participants in the Community Health Survey. The breakdown by age group provided in the Community Health Report shows the following for seniors:

### **Greatest Concerns:**

- In the area of Community Safety, Unsafe driving or unsafe roads, was the top concern expressed by those over age 60 from among choices provided. This was followed by

Substance abuse, School violence or bullying, Internet predators, and Violence in the home.

- In the area of Environmental Safety Concerns, Lyme or other insect related diseases was the top concern of those over age 60, followed by Food safety and Unsafe housing conditions. Unsafe housing conditions (approximately 70% of 60-74, 68% of 75+).

#### **Natural Disasters and Emergency Preparedness:**

- Those over age 60 expressed being better prepared with two week supply of food, supplies and medications for an emergency than other age groups.

#### **Health Care:**

- Older adults in Dutchess County are more likely to have a primary care provider than other age groups with 95.1% of those age 60-74 and 94.6% age 75 and over indicating they currently had a primary care provider Healthcare services (approximately 17% of 60-74, 12% of 75+)
- The largest area of Unmet Need for in health care among all ages was Dental care; however, for older adults the percentages were lower than other age groups, with 14.5% of those 60-74 and 6.1% of those age 75 and over expressing an unmet need for dental care.

#### **Caregiver Services**

The survey found that countywide, 12% of participants reported a member of their household being a caregiver to another elderly, ill, or disabled family member. Services that were reported as needed but not received are expressed below:

Caregiver Services Needed but not Received	Percent of Caregiver Respondents with the Unmet Need
Transportation services	15.70%
Financial services	15.00%
Information and support	12.20%
In-home care, respite, or adult day care	10.00%
Minor home modifications	6.20%

Source for Dutchess County ICA Community Health Survey 2012 Final Report:  
[http://www.co.dutchess.ny.us/CountyGov/Departments/Health/Publications/DC\\_ICA\\_2012\\_FinalReport.pdf](http://www.co.dutchess.ny.us/CountyGov/Departments/Health/Publications/DC_ICA_2012_FinalReport.pdf)

#### **G. Foundation for Community Health's Community Health Needs Assessment**

The following concerns were noted in the report prepared for the Foundation:

- Economic concerns and hardships resulting from fixed incomes and rising cost were expressed. Although older adults do have Medicare, there are co-pays, deductibles

and expenses for those things not covered such as transportation to appointments, dental services and eyeglasses. These concerns can result in seniors not getting or delays in getting needed healthcare.

- Transportation was cited as a serious challenge for those who no longer drive. Not only does it make access to care more of a challenge, it can lead to greater isolation and depression.
- Social isolation was also reported as a concern among seniors in the region.
- Maintaining their homes was found to be a challenge for seniors.
- Lack of awareness of services was also reported in the focus groups.

Specific needs and services suggested by those in the focus groups included:

- Enhanced home based health and related services
- Programs to reduce social isolation
- Strategies to raise awareness about existing programs for seniors.

*Source for Foundation for Community Health Community Health Needs Assessment:*  
[http://www.fchealth.org/images/pdfs/Final\\_Report.pdf](http://www.fchealth.org/images/pdfs/Final_Report.pdf)

## **H. 2014 Outcomes and Client Satisfaction Data**

### **1. Nutrition Services**

Findings from Nutrition Services client surveys show the following with respect to services received:

- 93% of Congregate Meals clients feel the meals meet their nutritional needs, help them remain independent and that the social contact at the Friendship Centers improve their sense of well being;
- 98% of Congregate Meals clients feel the Friendship Center transportation is important in helping them to remain independent;
- 100% of Home Delivered Meals Clients feel the service helps them to remain independent;
- 89% of Home Delivered Meals Clients feel the interaction with the meal delivery person helps them to feel less isolated;
- % of Frozen Meals Clients feel the service helps them to remain independent;
- % of Frozen Meals Clients feel the interaction with the meal delivery person helps them to feel less isolated.

### **2. Expanded In Home Services to the Elderly Program (EISEP) Services**

Findings from EISEP Services client surveys show the following with respect to services received:

- 96% of EISEP clients feel the services they receive (case management, home care, social adult day care, personal emergency response systems) help them to remain independent;
- 69% of EISEP clients report the program has provided them with services they would otherwise not be able to afford;
- 65% of EISEP clients report the program has made them feel safer and more secure in their home;
- 56% of EISEP clients report the services they receive relieve some of the burden on their other caregivers.

### **3. Legal Services**

Findings from Legal Services client surveys show the following with respect to services received:

- 97% of clients report the service is important in assisting them to remain independent.

### **4. Dutchess NY Connects Intake, Information and Referral**

Findings from Dutchess NY Connects Intake, Information and Referral client surveys show the following with respect to services received:

- 94% of clients found the information received from Dutchess NY Connects to be helpful and reported that they would contact Dutchess NY Connects again and would recommend it to others;
- 63% of clients reported that Dutchess NY Connects staff asked them questions so that they could better assist them with their request;
- 75% of clients reported that Dutchess NY Connects staff provided them with information on the program/service they were inquiring about;
- 75% of clients reported that Dutchess NY Connects staff provided them with information on more than one program or service;
- 63% of clients reported that Dutchess NY Connects staff provided them with information on a program or service they did not know about or had never heard of before;
- 56% of clients reported that Dutchess NY Connects staff provided follow-up contact to assist them;
- 100% of clients stated they think Dutchess NY Connects is a good program to have in the community.

### **5. Senior Exercise Program**

Findings from Senior Exercise Program client surveys show the following with respect to services received:

- 95% of clients report improved balance;
- 96% of clients report improved strength;



- 87% of clients report the program helps them to maintain their independence;
- 86% of clients report they experience reduced isolation, reduced loneliness and reduced depression as a result of being in the program.

#### **IV. Analysis and Findings**

Given the volume of data produced by the various surveys and other sources, the analysis and findings must weigh the voices of the senior population, those who serve them, their caregivers, and data produced by other sources.

In evaluating each separately, the following is found:

##### **A. The Senior Population**

###### **1. Senior Survey**

According to the Senior Survey, the top six problems expressed are the following:

- a. Affording energy and utilities – 29%
- b. Keeping up with medical costs – 29%
- c. Understanding health insurance/Medicare – 26%
- d. Knowing where to obtain information about services and benefits – 26%
- e. Household chores and maintenance – 25%
- f. Transportation – 23%

Taken in the context of the percentage of seniors reporting these issues to be a problem for them, it would appear that there are a large number of seniors who could use assistance in these areas.

###### **2. Outcomes and Client Satisfaction**

The various Outcomes and Client Satisfaction measures discussed earlier indicate that the services covered (nutrition, in home services, senior exercise, legal, information and referral) are all services which have a high impact on the ability of seniors to remain in the community. While the various unmet needs may not be in these areas, an analysis indicates that the services are important enough that if they were not in place, or if resources were to be diverted elsewhere, a new set of unmet needs would emerge. The specific outcomes and manner in which this is accomplished vary, but include the following:

- a. Feeling more secure at home
- b. Meeting nutritional needs
- c. Reduced loneliness, isolation and depression
- d. Increased socialization
- e. Access to services that might otherwise be unaffordable

## **B. Caregivers**

### **1. Dutchess NY Connects Intake, Information and Referral**

The Dutchess NY Connects database reports do not separate out topics by type of caller, so the call topics provided earlier and in the Appendix represent all calls: family caregivers, seniors and service providers. The data is included under the caregiver section of this report because of the three types of callers, caregivers represent the greatest number.

Looking at the Dutchess NY Connects Intake, Information and Referral statistics, analysis of the numbers show the top five items callers are provided information on, are the following:

- a. Home health care and/or personal care
- b. Medicaid
- c. Home Delivered Meals
- d. Advocacy
- e. Personal Emergency Response Systems

It should be noted that topics of information provided may not represent the initial topic the caller was calling about. It is frequently upon discussion with the intake worker that additional needs are identified or articulated.

### **2. Caregiver Survey**

The Caregiver survey results indicate the greatest unmet need is in the area of Respite care and transportation. The greatest area of met need is support (i.e. workshops, support groups, counseling).

## **C. Key Informants**

The survey of those working with seniors shows the following as the top problems:

1. Transportation – 82%
2. Understanding health insurance/Medicare – 57%
3. Loneliness, isolation or depression – 50%
4. Insufficient money for food, shelter or clothes – 49%
5. Affording energy and utilities – 42%

The percentages listed reflect the percentage of key informants who listed that particular problem or issue among what they believe to be among the top five issues faced by senior citizens.

## **D. Other Data Sources**

The other data sources presented shed further light on senior citizen concerns and needs.

### **1. Public Hearings**

Input at the 2013, 2014 and 2015 public hearings indicate the following as concerns of seniors: transportation, senior centers and senior center activities, weatherization and heating issues, lack of fairness between Medicaid and Medicare, consumer education and protection, health insurance information, assistance with shopping.

### **2. Dutchess County Community Health Survey**

The 2012 Dutchess County Community Health Survey indicates the greatest areas of concern expressed by seniors in response to health and safety related questions were the following:

- In the area of Community Safety, Unsafe driving or unsafe roads, was the top concern expressed by those over age 60 from among choices provided. This was followed by Substance abuse, School violence or bullying, Internet predators, and Violence in the home.
- In the area of Environmental Safety Concerns, Lyme or other insect related diseases was the top concern of those over age 60, followed by Food safety and Unsafe housing conditions. Unsafe housing conditions (approximately 70% of 60-74, 68% of 75+).
- Among those caring for a senior, the greatest unmet needs were transportation and financial services

### **3. Foundation for Community Health Community Health Needs Assessment**

The findings contained in the Foundation's Needs Assessment are representative of those living in rural areas:

- Economic concerns and hardships resulting from fixed incomes and rising costs
- Transportation and its impact on accessing services and on isolation
- Social isolation
- Home maintenance
- Lack of awareness of services

## **E. Discussion and Designation of Greatest Unmet Need**

In weighing the various findings, consideration is given to a number of factors:

- For Intake, Information and Referral topic areas against the Senior Survey problems, callers to Dutchess NY Connects are already experiencing a problem situation or a need. Thus, the areas inquired about by the callers to Dutchess NY Connects may be considered more acute or active. Also worth noting is that calls to Dutchess NY Connects tend to be more closely related to long term care needs by the very nature of the Dutchess NY Connects program.

- Those completing the senior survey, on the other hand, are being presented with a list of possible problems, so while an individual may respond that an issue is a problem, he or she may not have thought it to be a problem until being asked.
- In considering the senior survey results, weighing the impact of certain needs being unmet or certain problems against the impact of others requires judgment calls which may result in differing views of what might be the top problem. As an example, while fewer seniors report having transportation problems than those reporting problems figuring out health insurance, which is really the greater problem for the community and for the individual – is it more significant that 26% of seniors say they have a problem understanding their health insurance or that 23% have problems getting transportation, possibly to the doctor? Which is truly the larger problem? And are there resources and capacity available to meet one or both of these needs, or are new programs and services needed in order to meet the need/demand?
- The results of the senior survey are provided separately for three target groups: minorities, age 75+ and low income seniors. There is not a tremendous disparity in the results for these specific groups compared to the overall 60+ population, but given that these are target groups the needs expressed by them should be given additional weight in identifying greatest needs.
- The key informant survey results were examined for their similarities to and differences from the senior survey. While the top problems are for the most part similar, the top problem noted by these key informants is transportation at 82%. On the other hand, transportation is number 6 on the list of problems identified by the overall senior population at 23%. Analysis of this variation points out that the senior survey is designed and administered to be more reflective of the overall 60+ population, whereas, the key informant survey is taken of those who work with seniors in such capacities as housing managers, case managers, etc. These seniors are more likely to be older, more frail and lower income. Further, those working directly with older adults are familiar with the problems they most frequently face difficulty in addressing.
- An analysis of Outcome and Client Satisfaction data shows that the services are designed to meet a number of the identified problem areas found in the surveys and other data review. For most services, the outcomes go beyond the specific service being provided. For instance, the congregate meals program and related transportation does more than address nutritional needs. It also addresses the issue of loneliness, isolation and depression. They also help to connect older adults with other services and programs.
- An analysis of the other data included in the Needs Assessment largely supports the findings in the Senior, Key Informant and Caregiver surveys.

After studying the available data and weighing the above considerations, it has been determined that the five greatest areas of unmet need for the senior population in

Dutchess County include the following:

- Transportation;
- Affording energy, utilities and medical expenses;
- Understanding health insurance/Medicare;
- Knowing where to obtain information about services and benefits;
- Household chores and maintenance;
- Caregiver respite

In light of the discussion above and the difficulty in weighing importance of data sources and the seriousness of various problems, these are not presented in any particular order and should be treated equally.

The other problems and areas of unmet need identified through the various surveys should not be ignored. For the most part they do represent areas of need among the senior population and caregivers in Dutchess County. Although the top five areas will be identified as priority areas resulting from the Needs Assessment, these additional needs should also be considered in the local service matrix.

Since results of the senior survey have also been provided for some target groups and each zip code, service providers, funders and local municipalities may wish to consider the data from their geographic areas of interest when making service and funding decisions. Caution should be exercised when working with very small numbers of surveys; however, zip codes may be combined for more viable “regional” findings.

## **V. Establishment of Priorities**

Priorities for the 2016-2019 Four Year Area Plan on Aging are established based on consideration of the following funding, public policy, needs assessment and resource factors:

### **Funding and Public Policy Related Factors**

- Available funding
- Parameters of available funding
- Federal Priority Service Expenditure Requirements
- Local Executive and Legislative decision making and budgeting

### **Needs Assessment Related Factors**

- Senior Survey Results
- Key Informant Survey Results
- Caregiver Survey Results
- Outcomes and Client Satisfaction Data
- Service Demand Data

### **Local Resources**

- Availability of services in the community

Availability of community service providers  
Available local funding

Priorities under the Four Year Plan are set as follows in light of the comprehensive needs assessment:

- Expanding transportation opportunities;
- Increased outreach regarding benefits and services that may make available greater income for addressing those items older adults are most likely to express as financial concerns. This would include additional efforts to increase capacity in the health insurance counseling (HIICAP) program where clients may be assisted in choosing the most cost effective insurance and in applying for assistance in paying for insurance;
- Ongoing strategies and efforts to get the word out regarding the services of the Office for the Aging and other community providers.

## **VI. Resource Inventory**

Using non NY Connects or related resources, the Dutchess County Office for the Aging has established and maintains an extensive resource inventory. The resource inventory goes well beyond that which is required by the New York State Office for the Aging. It is available in its entirety online at: <http://www.dutchessny.gov/CountyGov/Departments/Aging/14263.htm>

Each topic area includes a narrative on the topic followed by a listing of all resources providing the particular service or other appropriate listings. This resource inventory is widely used by service providers and seniors alike. For those who do not have computer access, agency personnel may print out particular sections to mail or provide contact information over the telephone.

## VII. Appendices

### Appendix A - 2011 and 2007 Senior Survey Results for Comparison

#### 2011 Senior Survey Results – 2125 completed surveys

Rank		# Reporting as a Problem	% Reporting as a Problem
	<b>Total Surveys: 2125</b>		
1	Understanding health insurance/Medicare	698	32%
2	Keeping up with medical costs	668	31%
9	Insufficient money for food, shelter, clothes	323	15%
5	Affording energy and utilities	458	21%
8	Managing household budgeting/bill paying	329	15%
4	Household chores and maintenance	500	23%
10	Feeling afraid/unsafe at home because you may fall or get injured	312	14%
12	Feeling afraid or unsafe at home because of possible crime	289	13%
10	Legal Affairs	312	14%
13	Loneliness, isolation or depression	283	13%
6	Disability or Impaired Mobility	413	19%
7	Transportation – including for medical, shopping, recreation, etc.	356	16%
3	Knowing where to obtain information about services and benefits	537	25%
14	Taking care of another adult	182	8%
17	Taking care of a grandchild	90	4%
16	Taking care of personal needs such as meals, bathing, dressing	131	6%
15	Conflicts with others such as family, neighbors, creditors	148	6%
	<b>DEMOGRAPHICS</b>		
	Self reported overall health is Good	1312	61%
	Self reported overall health is Fair	671	31%
	Self reported overall health is Poor	84	3%
	Age 75+	1215	57%
	Minority	158	7%
	Low Income	750	35%

**2007 Senior Survey Results - 1628 Completed Surveys**

<b>Rank</b>	<b>Problem Area</b>	<b>Number Identifying as a Problem</b>	<b>% of Total Identifying as a Problem</b>
1	Energy/utilities	869	53%
2	Money to live on	867	53%
3	Figuring out health insurance/Medicare	749	46%
4	Crime	737	45%
5	Home maintenance	664	41%
6	Mobility/disability/health issues	641	39%
7	Health care	620	38%
8	Getting information about services/benefits	561	34%
9	Transportation	530	33%
10	Loneliness/isolation	402	25%
11	Legal affairs	379	23%
12	Housing	333	20%
13	Nutrition/food	330	20%
14	Employment	329	20%
15	Taking care of another adult	234	14%
16	Taking care of a grandchild	124	8%



## Appendix B - 2011 and 2007 Key Informant Survey Results

### 2011 Key Informant Survey Results – 67 Completed Surveys

Priority	<b>2011 KEY INFORMANT SURVEY TOTALS 67 Surveys Received</b>	# Reporting as among biggest problems	% Reporting as among biggest problems
1	Transportation – including for medical, shopping, recreation, etc.	55	82%
2	Understanding health insurance/Medicare	48	71%
3	Keeping up with medical costs	30	44%
4	Loneliness, isolation or depression	29	43%
5	Insufficient money for food, shelter, clothes	28	41%
6	Affording energy and utilities	27	40%
7	Taking care of personal needs such as meals, bathing, dressing	24	35%
8	Household chores and maintenance	18	26%
9	Disability or Impaired Mobility	16	23%
10	Knowing where to obtain information about services and benefits	15	22%
11	Managing household budgeting/bill paying	14	20%
12	Taking care of another adult	9	13%
13	Legal Affairs	4	5%
13	Conflicts with others such as family, neighbors, creditors	4	5%
15	Feeling afraid/unsafe at home because you may fall or get injured	2	2%
16	Feeling afraid or unsafe at home because of possible crime	1	1%
16	Taking care of a grandchild	1	1%

## 2007 Key Informant Survey Results - 88 Completed Surveys

Rank	Problem Area	Number Identifying as one of the top 3 unmet needs/problems faced by Seniors	Percentage Identifying as one of the top 3 unmet needs/problems faced by Seniors
1	Transportation	58	66%
2	Health Care	33	38%
3	Mobility/Disability Health Issues	28	32%
3	Money to Live On	28	32%
5	Loneliness/Isolation	26	30%
6	Housing	23	26%
7	Figuring out Health Insurance/Medicare	17	19%
8	Getting Information about Services/Benefits	15	17%
9	Home Maintenance	13	15%
10	Energy/Utilities	9	10%
11	Taking care of another adult	7	8%
12	Nutrition/Food	4	5%
13	Taking Care of a Grandchild (or other relative child)	3	3%
14	Crime	2	2%
15	Employment	2	2%
16	Legal Affairs	1	1%

## **Appendix C - Public Hearing Minutes**

**Office for the Aging  
Public Hearing  
East Fishkill Senior Friendship Center  
Community Center  
September 17, 2015**

Present: 19 persons in attendance, sign-in sheet available upon request

Advisory Board member Danielle Anderson welcomed everyone to the second of two 2015 Public Hearings where the community can express their wants and concerns, an opportunity to give input on community services provided and new ideas regarding the needs of seniors. Danielle introduced OFA staff members Judy Hearney, Case Supervisor, and Patricia Brown, Nutrition Services Coordinator. Danielle asked everyone to raise their hand and state their name when they speak. Copies of the abstract of services provided through the Annual Implementation Plan were distributed.

Jean Taylor stated that two years ago her Fidelis agent suggested that she apply for weatherization assistance, which she did. A team came out and installed insulation, and Jean stated that they did a nice job. However, she said that they “overstuffed” the attic. She has twice called Patty [DC Community Action Agency] asking that someone come to take some of it out, but no one has done so. She asked what she should do to get someone to come out to fix the issue.

Joanne Hickman (of RSVP of Dutchess County) said she would take Jean’s name and number, get some information, and she would call her back.

Bill (William) Grove commented on the lunch menu. He says that milk is always included with the meals except for special luncheons. There doesn’t seem to be milk available at special luncheons. Rosemary Yasiejko, Friendship Center Coordinator, said that she does not put the milk out for those larger occasions because she has noted that on such occasions there are many people who do not want it for lunch and will put it in their pocket and take it home. She said that the milk is always available on those occasions if they ask her for it.

Bill Grove mentioned the news that the rate for fast food workers is being raised. He stated that the workers at the Friendship Center should be getting a raise also.

Danielle stated that she can’t answer a government question. She said she agreed, but that we have no control over that.

Janet Gregory said that the day before they had been visited by a nurse that took everyone’s blood pressure. She said it made them feel good, and she asked why they couldn’t get more services like that, other volunteers that would come in to do things like that.

Rosemary responded that those services are always done by volunteers, as was the person from Elant who did the blood pressure checks. She said that the Elant volunteer is going to try to come

in once a month.

Maria Ingrassia (office of Congressman Sean Patrick Maloney) thanked DC OFA for all they do. She said their office is always available to help if they have issues that they want assistance with. She said she is available to come and visit from time to time if they want. She also stated that it could help to reach out to colleges and BOCES, who have student nurses that would need to do outreach.

Peggy Polak stated that there is no Senior Housing in that area (of Hopewell Junction).

Danielle replied that most housing is privately owned, and that it is a matter of who is looking to develop. There are zoning issues and many things that go into such a decision for a private developer. She acknowledged that it would be nice if every municipality had senior housing.

Joanne added that something is in the works of being developed across from the Town Hall, that something was just passed on September 10. It would be affordable senior housing.

Pat Brown acknowledged that there is a need.

Robert Brown said there should be a cemetery, because they would be dead by the time it is built.

Robert Brown mentioned that low-income households receive benefits such as air conditioners, refrigerators, roofing, windows, etc, for free. Then he said that his daughter-in-law can't get things because of being over the limit \$1. He asked why there can't be a sliding scale that allows for those slightly out of the low-income bracket to also receive benefits.

Danielle stated that a sliding scale seems like a good idea.

Robert Brown says that he does not have a car, that he does not drive nor does his wife drive, and that there are many seniors that do not drive. He would like to take his wife for dinner, not just lunch, but Dial-a-Ride doesn't provide evening or weekend service. He feels as if he is "under house arrest" for the weekend, confined without transportation. He asked why there can't be some volunteers that work evening hours for those who want to go out in the evening, also for weekends.

Danielle said that this was also an issue raised at another meeting, that there is a gap. She agreed that volunteers would be needed. There would be overhead and liability for a company. She said she would take his name and address so she could send him a transportation brochure. She then mentioned that she could give fliers about a variety of services to anyone.

Robert Brown related that someone had a heating problem and no one would fill the tank. The person had to use electric heaters and then ended up with a large heating bill.

Danielle said that she could not speak to the circumstances of that person, because she does not know the details. But she stated that OFA does not set the limits regarding eligibility, that the office offers help in walking clients through the necessary paperwork to qualify for the services.

Robert Brown said that he used to live in a mobile home and could not get assistance in servicing his furnace. He said that he was offered 275 gallons of oil, but what good would that do if the furnace needed servicing.

Danielle stated that some programs are able to help with one type of service but are restricted regarding another type of service.

Peggy Polak said she will be 65 years old next year. She asked if OFA would help her get her benefits set in place.

Judy Hearney stated that OFA staff can advise regarding the insurance process. If there is something that a client needs to do on his own, it would be necessary to do that, but OFA offers assistance with the process.

Danielle said that DSS counselors would be able to help if she called, that the department has paperwork days, and that Peggy would need to plan transportation to be able to take care of everything in one shot.

Robert Brown stated that he called Dial-A-Ride and that they were not able to arrange rides for him at appropriate times for his medical appointments.

Danielle said that the transportation brochure will be able to help him, since Dial-A-Ride needs notice. She said the transportation brochure can help him work out his arrangements through a variety of options.

Bill Grove said the OFA services for Medicare [HIICAP Counseling] can be better for people. He suggested that instead of just having it in Poughkeepsie, someone could come into the community and do the same thing. He said some people don't want to go into Poughkeepsie.

Judy Hearney stated that OFA has outreach in libraries, not just the office. She suggested that he call the office and find out the schedule of other locations.

Pat Brown mentioned that there is a need for computer access, and that if he makes an appointment to come into Poughkeepsie, the counselors are able to spend the needed time assisting him.

Danielle added that computer access with a secure network is needed, which cannot be obtained through the wireless connection at the center.

Robert Brown says that he and his wife have Medicare but not Medicaid, which he says is "too bad" if you need dental care or hearing aids, because those items are not covered to mid-income people. He asked why there can't be a plan for those things on a sliding scale.

Danielle said that is a government issue, a comment that has been heard many times, but it is not a matter we can do anything about.

Robert Brown said that he thinks the services OFA offers are wonderful.

The Public Hearing was adjourned at 11:35 A.M.

Respectfully submitted by April R. Denby

**Office for the Aging  
Public Hearing  
Rhinebeck Senior Friendship Center  
Church of the Good Shepherd**

**September 9, 2015**

Present: 14 persons in attendance, sign-in sheet available upon request

Judy Hearney, Case Supervisor, OFA, welcomed everyone to the first of two 2015 Public Hearings where the community can express their wants and concerns. Judy introduced members of the OFA Advisory Board Wendy Wajda and John Wirth, moderator.

John Wirth explained public hearings are held every year in the fall by the DC Office for the Aging in different communities around the county for input on community services provided, and to obtain new ideas on the needs of seniors. Copies of the abstract of services provided through the Annual Implementation Plan were distributed. John asked everyone to raise their hand and state their name when they speak.

Florence Richardson stated that the River Chronicle Newspaper had an article that reported Rhinebeck has the largest population of seniors in Dutchess County, and she wondered where they are and what they are doing. She is an active senior and would like to be more involved with active seniors.

John responded he did not know where they are, but does know that there are a lot of them, as you can see many walking around town doing their shopping in the stores, etc.

Florence Richardson asked John if he thinks they leave this area for activities.

John asked attendees if they go outside of the community or if they stay totally within distance.

Unidentified female replied that a large number of the group who come to this center are from Red Hook Commons, a senior citizen housing complex located in Red Hook on Route 9.

Wendy Wajda asked how those from Red Hook got here today, did they drive? Did they carpool? The response from the audience was some drove themselves and most were picked up by the county van.

Frank Abrahams indicated that they tried for quite a few years to get a senior pick up in Clinton, but never could get a pick up in the outlying areas.

Cindy (senior center worker) explained that each town has their own senior center, but Clinton doesn't have one. Clinton is outside of the van's perimeter for pickups.

John asked Frank Abrahams to get a list of the names of people in the Clinton area who would like to participate and he would speak to the supervisor to see if the van can accommodate them, since Clinton is an adjoining town and is part of our Legislative district.

Frank Abrahams would also like to address the five day program.

John explained that the budget couldn't sustain the five day program; however he will bring this issue up again.

Wendy asked if anyone has any other concerns, difficulties, or know someone who might have some needs that are not being met.

Doris Huff indicated transportation is an issue getting to the doctor at the hospital, as the Loop only goes around once or twice per day, due to non-usage.

Judy Hearney indicated that the DC Loop is also looking for input on how to improve their services and suggested to give them a call and tell them what you need.

John agreed, adding that if people don't use the service – it will not be provided (not cost-effective).

John said he will find out if the van could be used to transport seniors to and from doctor appointments. John also suggested that some should form a committee and start a group of volunteers to drive your neighbors.

Unidentified female advised that "Friends of Seniors" a group of volunteers are available (by appointment only) to pick up and drive you somewhere.

John said to make sure everyone in the group has the telephone number for "Friends of Seniors".

John asked if anyone had any other comments relating to the services listed in the abstract.

Doris Huff stated she is happy with the legal services provided.

Unidentified male said it would be helpful to have copies of "Growing Older in Rhinebeck" on hand at the center. They are available at the Town Hall.

Cindy said someone will pick up copies for the center tomorrow.

Doris Huff said she no longer receives information on the concerts at Bard.

John said the Center on 308 in Rhinebeck has shows and suggested they possibly get a group and transportation together and see a show.

Wendy asked what the seniors do here at the center.

Frank Abrahams said he usually plays games, reads, and converses with others.

Mei Wong Chin said she enjoys music, and occasionally, someone comes here to play the piano.

Doris Huff said once a month they go as a group to a restaurant. She also attends the Senior Prom and a boat ride every year.

John asked attendees how long they stay at the center each day.

Jayne Ives indicated that while she does not use most of the services listed in the abstract, she is happy just knowing they are available. She said she will hang this on her refrigerator.

John said that everyone should keep a list of important numbers, emergency contact, list of medications, blood type, etc. on their refrigerator so in case of an emergency this information will be readily available.

In summary, the main issues are transportation and lack of active seniors at the center.

John said we need find out how to publicize this center.

The Public Hearing was adjourned at 11:45 A.M.

Respectfully submitted,

Janet Nuccilli  
Confidential Secretary



**Office for the Aging  
Public Hearing  
Pawling Senior Friendship Center  
September 24, 2013**

Present: 21 persons in attendance, sign in sheet available upon request

Patricia Brown, Nutrition Services Coordinator welcomed everyone to the first of two 2013 Public Hearings and asked everyone to write their name on the sign-in sheet and introduced herself, members of the OFA Advisory Board Raymond Joyce, Raymon Oberly, Patty Moore who are chairing the hearing, and the OFA secretary, Carole Lehrer.

Raymon Oberly, President of the Board, officially declared the Public Hearing open at 12 noon. He explained in the fall, public hearings are held every year by the DC Office for the Aging in two or three different communities around the county for input on community services provided and to get new ideas on the needs of seniors. Copies of the abstract of services provided through the Annual Implementation Plan were distributed. Ray asked everyone to state their name when they speak.

Jen and Ron Mosher from the Pine Plains Community Center explained they came to today's meeting to get information on how to get assistance from the county for their senior center program in Pine Plains. Pat Brown stated that in 2013, we are not in a position to open any additional senior centers. Jen asked if they could combine with another group, as they have 50 seniors coming to the center each week. They want to formalize their own group with help from the county. Pat said Millerton was the closest Senior Friendship Center to Pine Plains.

Jen and Ron continued to describe how they served 50 seniors per week at their center, all on a voluntary basis with local contributions. They want to continue serving their local seniors and hoped to get support from the county to further formalize. Merger with the Millerton Senior Friendship Center was discussed. Extensive discussion followed on the county's budget process and many suggestions to assist the couple in documenting the services provided to seniors as an aid to obtaining funding through grants, and where to apply for them. They were encouraged to continue their conversations with the Northeast Community Center as well as local business people and elected officials, local churches and the school district. Patty Moore described her own agency's development and encouraged tracking services they do well and documenting their services to the area.

Mary Jane Childs asked if the Pawling Senior Friendship Center will stay open.

Vincenza Di Paliermo wants the Pawling Senior Friendship Center to stay open all the time (four days per week).

Pat Brown gave a brief history of the closing and re-opening of the Pawling Senior Friendship Center. As of now, it is expected to remain open two days per week for next year, as well, but that will be determined in the county budget process. Pat noted the request for the center to

be open four days per week.

Judith Keating asked about the extra costs involved in keeping the Pawling Center open the additional two days per week. Pat Brown indicated the site manager currently works two days per week; mileage between Pawling and the Amenia Senior Friendship Center is 60 miles for two round trips per day, one round trip to pick-up and return home program attendees, and one round trip to deliver meals. They would look into the cost-effectiveness of keeping the Pawling Senior Friendship Center open four days.

Barbara Morelli said if Pawling was open four days a week, more people would come.

Alda Azevedo said she comes to the senior friendship center to socialize and talk. In Amenia, they play Bingo on Monday and Wednesday; she prefers coming to the Pawling Senior Friendship Center to have conversation and socialize. She also indicated only two people from the Pawling Center go to Amenia, and discussed the other Monday/Wednesday options in Pawling; however, if you don't go to Amenia, you won't get a meal on those days.

Barbara Morelli said it is physically difficult for her and others to travel very far, especially after undergoing rotator cuff and hip replacements.

Judith Keating asked when they would have answers to their questions about how often the Pawling Center would be open. Pat said in mid-November, they should have the information. Pat would let Claire McIntyre know, and Clair would inform everyone at the program.

Ron Mosher asked since this is an informational meeting, how would they become part of the budget process to formalize their Pine Plains Senior Center, based on the organization they have already established at the Pine Plains Community Center. Ray Oberly, Pat Brown and Patty Moore added the more you can document how your current activities are enhancing seniors' quality of life in the community, the better able you will be to request grants organizations such as the Dyson Foundation, United Way, and others. Continue developing business and organizational relationships to know what kind of funding to ask for. Additional possible funding sources were suggested for the Moshers to explore for their Pine Plains senior center.

Patricia Knott-Hovey asked for clarification on how the senior center was put back in the budget in mid-year. Pat Brown and Ray Oberly explained the budget process and how with revenues down, there are fewer avenues to get money to do good things with senior centers.

Lucy Kutchma asked about how homebound people can get out for food shopping. Patty Moore said to contact their office at the Resource Center for possible transportation by volunteers to go food shopping. All drivers are volunteers. Transportation for wheelchairs is not available, but if the person has a walker, that person might be accommodated. Patty and some of the program participants present discussed the food home delivery service by Stop and Shop and Shoprite, for example, as another option for the homebound, and the delivery charge as nominal, as it would be well below the cost of cab fare.

Ron Mosher asked about how to educate seniors that costs have gone up. Discussion followed.

Lucy Kutchma explained as a caregiver to 15 local residents over 40 years in Pawling, she had seen the downside of family visitors. We and the county owe it to our own people to take care of our seniors who have lived here all their lives. It all comes down to where do we get the money to pay for meals and transportation? Alda Azevedo said she does not want her taxes to go up to help pay for other seniors.

Ray Oberly encouraged everyone to participate in the on-line budget survey to make their preferences for county services known. A hard copy of the survey may be requested from the County Executive/Budget Office, but must then be mailed back.

Ray said we are just information gatherers at this point. We'll consolidate today's comments and submit the recommendations for the budget.

The Public Hearing was adjourned at 12 noon.

Carole Lehrer

**Appendix D - Dutchess NY Connects Intake Details (New York State defined categories and topics)**

<b>1</b>	<b>Children Specific</b>	
a	Child Care Provider Referrals	0
b	Early Intervention for Children with Disabilities/Delays	0
c	Special Education Assessment	0
d	Kinship Care	2
<b>2</b>	<b>Consumer and Caregiver Supports</b>	
a	Advocacy	502
b	Assistive Technology Equipment	142
c	Caregiver Training	143
d	Case/Care Management	288
e	Centers for Independent Living	11
f	Condition Specific Rehabilitation Services	29
g	Friendly visiting	88
h	Outreach Programs	314
i	Respite Care	109
j	Senior Centers	199
k	Vocational Rehabilitation	1
l	Congregate Meals/Nutrition Sites	9
m	Food Stamps	429
n	Nutrition Assessment Services	11
o	Food Pantries	14
p	WIC	4
<b>3</b>	<b>Facility Based Services</b>	
a	Adult Day Health Programs	48
b	Adult Day Programs (Social)	91
c	Nursing Facilities	238
<b>4</b>	<b>Health and Wellness</b>	
a	Health Care Referrals	28
b	Substance Abuse	0
c	Oral Health Issues	36
d	Wellness Programs	9
e	Chronic Disease Self Management Programs	18
f	Falls Prevention Programs	10

## Appendix D (continued) - Dutchess NY Connects Intake Details

<b>5</b>	<b>Home Based Services</b>	
a	Companionship	65
b	Home Delivered Meals	614
c	Home Health Care	1365
d	In Home Attendants for People with Disabilities	2
e	Personal Care	1019
f	Personal Emergency Response System	375
g	Private Duty Nursing	103
h	Telephone Reassurance	19
<b>6</b>	<b>Home Modification and Repairs</b>	
a	Home Barrier Evaluation/Removal	10
b	Home Rehabilitation/Repair Services	81
c	Home Maintenance Services	57
d	Yard Work	4
<b>7</b>	<b>Insurance/Benefit Information and Counseling</b>	
a	Health Insurance Information & Counseling	201
b	Long Term Care Insurance Information/Counseling	14
c	Managed Health Care Information	20
d	Medicare Information/Counseling	238
e	Medicaid (General Info.)	945
f	Veteran Benefits Assistance	224
g	Welfare Rights Assistance	1
h	Social Security Retirement Benefits	47
<b>8</b>	<b>Legal Services</b>	
a	Legal Services	217
b	Adult Guardianship Assistance	10
c	Advance Medical Directives	31
d	Child Guardianship Assistance	0
<b>9</b>	<b>Mental Health, Cognitive Status, Support Groups/ Counseling</b>	
a	Mental Health issues	83
b	Home Barrier Evaluation/Removal	32
c	Home Rehabilitation/Repair Services	92
d	Home Maintenance and Minor repair Services	179
e	Disability Related Support Groups	67
f	Specialized Counseling Services	9
g	Dementia	206

## Appendix D (continued) - Dutchess NY Connects Intake Details

<b>10</b>	<b>Personal Finance and Tax Assistance</b>	
a	Personal Finances/Budget Counseling	63
b	Tax Preparation Assistance	4
c	Tax Information	14
d	Property Tax Exemption Information	6
<b>11</b>	<b>Potential Abuse Category</b>	
a	Physical Abuse	2
b	Sexual Abuse	0
c	Financial Exploitation	12
d	Active and Passive Neglect	7
e	Self Neglect	13
f	Domestic Violence	1
g	Other (e.g. Abandonment)	2
<b>11.1</b>	<b>Abuse/Neglect Exploitation</b>	
a	Referred to Adult Protective Services	11
b	Referred to Police Agency	1
c	Referred to Domestic Violence Service Provider	1
d	Referred to Other	4
e	Not Referred	0
f	Referred to Child Protective Services	0
<b>12</b>	<b>Prescription/Medications</b>	
a	Government Subsidized Prescription Drug Benefits	25
b	Prescription Drug Patient Assistance Programs	30
c	Prescription Medication Services	9
d	Prescription Expense Assistance	19
<b>13</b>	<b>Protective/Prevention</b>	
a	Adult Protective	234
b	Elder Abuse Reporting	42
c	Children's Protective Services	0
d	Consumer Fraud Reporting	5

## Appendix D (continued) - Dutchess NY Connects Intake Details

<b>14</b>	<b>Residential/Housing Options &amp; Supports</b>	
a	Adult Residential Care Homes	69
b	Assisted Living Facilities	212
c	Congregate Living Facilities	10
d	Low Income/Subsidized Rental Housing	416
e	Naturally Occurring Retirement Community Programs (NORC)	2
f	Utility Payment Assistance	175
g	Weatherization programs	41
h	Residential Housing Options	31
i	Housing Issues	119
j	Homelessness	54
<b>15</b>	<b>Transportation</b>	
a	Automobile/Van Adaptations	4
b	Disability Related Transportation	14
c	Escort Programs	4
d	Medical Transportation	112
e	Senior Ride Programs	262
<b>16</b>	<b>Other</b>	
a	Hospice	43
b	Household Safety Education	23
c	Interpreter Registries	1
d	Activities of Daily Living Assessment	82
e	Employment	37
f	Other	250
g	Volunteerism	13

## Appendix E - Resource Directory Screen Shots

The screenshot shows the Dutchessny.GOV website. The header includes the site name and a search bar. The navigation menu lists: County Government, Municipalities, Schools, Business & Community, and Tourism & Leisure. The breadcrumb trail reads: County Government >> Departments >> Office For The Aging >> Resource Directory. The page title is "Resource Directory" for the Office For The Aging, directed by Mary Kaye Dolan. A welcome message states: "Welcome to the Dutchess County Long Term Care Resource Directory". It explains that the directory is designed to assist in finding long-term care services in Dutchess County, including health care, transportation, assisted living, independent living centers, legal assistance, and home-delivered meals. It mentions that the directory is updated and provides a link to the "Table of Contents". On the right, there is a section for "Accessibility" with options to "Select Language", "Listen to webpage", and "Change text size". Below this is a "DutchessDelivery" sign-up/sign-in button and a calendar for May 2015.

The screenshot shows the "Table of Contents" page of the Resource Directory. The table lists 10 categories: 1. Funding Sources for Care and Assistance, 2. Home Health Care Services, 3. Housing/Residential Choices, 4. Insurance, 5. Medical Information, Services and Resources, 6. Non-Medical Information and Resources, 7. Recreation, Nutrition and Day Programs, 8. Residential Care Facilities and Options, 9. Support Services and Advocacy Programs, and 10. Transportation. Below the list, the "Funding Sources for Care and Assistance" section is expanded, showing sub-items: Energy Assistance, Expanded In-home Services for the Elderly Program (EISEP), SNAP, Medicare Savings Program, Medicaid, and Funded Insurance. On the right, there is a "Related Info" section with links to: Calling 911, Community Service Agencies, Dial-A-Ride, Emergency Preparedness, Flu & Pneumonia Clinics and Information, Healthcare and Hospitals, Seniors and Veterans Real Property Tax Exemptions, and Senior Citizen Owner-Occupied Property Rehabilitation Program. A calendar for May 2015 is also visible.



http://www.dutchessny.gov/CountyGov/Departments/Aging/14763.htm

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**10. Transportation**

**Funding Sources for Care and Assistance**

- Energy Assistance
- Expanded In-home Services for the Elderly Program (EISEP)
- SNAP
- Medicare Savings Program
- Medicaid
- Funded Insurance

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**Home Health Care Services**

- Certified Home Health Agencies
- Geriatric Care Management
- Home Care
- Hospice
- Licensed Home Care Agencies
- Long Term Home Health Care Programs
- Respite Care

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**Housing/Residential Choices**

- Adult Homes
- Assisted Living Facilities
- Continuing Care Retirement Communities
- Apartments for Low Income Seniors
- Nursing Homes
- Section 8 Vouchers and Certificates
- Subsidized Housing
- Other Housing Options

Preparedness

» Flu & Pneumonia Clinics and Information

» Healthcare and Hospitals

» Seniors and Veterans Real Property Tax Exemptions

» Senior Citizen Owner-Occupied Property Rehabilitation Program

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**Insurance**

- EPIC (Drug Coverage for Medicare Beneficiaries and NY Residents over age 65)
- Health Insurance
- Long Term Care Insurance
- Medicaid
- Medicare (Hospital Coverage, Medical Coverage, Advantage Plans and Prescription Drug Plans)

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**Medical Information, Services and Resources**

- Chemical Dependency
- Clinics and Health Centers
- Dental Services
- Developmental Disabilities Services
- Emergency Alert Services
- Hearing Impairment
- Hospitals
- Medical Equipment and Supplies
- Mental Health, Counseling and Psychiatric Services
- Physician Referral Service
- Rehabilitation Services
- Veterans' Services

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**Non-Medical Information and Resources**

- Emergency Assistance
- Energy/Weatherization
- Home Repair and Maintenance
- Legal Services
- Childcare

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**Recreation, Nutrition and Day Programs**

- Adult Day Care
- Meals on Wheels/Home Delivered Meals
- Nutrition Sites/Friendship Centers
- Senior Centers

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**Residential Care Facilities and Options**

- Adult Homes
- Assisted Living Facilities
- Family Type Homes for Adults
- Foster Family Care Program
- Licensed Home Care Services Agencies
- Onsite/In-home
- Nursing Homes (Residential Health Care Facilities)
- Nursing Home Placement Evaluation/Pre-Home Assessment

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**Support Services and Advocacy Programs**

- Caregivers Training and Support Groups
- Case Management
- Elder Abuse
- Legal Services
- Onsite/In-home
- Protective Services for Adults
- Veterans' Services
- Volunteer Services

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**Transportation**

[Go to top of page](#)

